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PHYSIOLOGY.

LECTURES

ON THE

PHYSICAL CONDITIONS

OF THE

TISSUES OF THE HUMAN BODY

AS APPLIED TO THE EXPLANATION OF

VITAL PHENOMENA.

Delivered at the College of France in 1834,

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LECTURE IV.

Absorption of External Poisons.—Experiments on the Skin with Prussic Acid.—The peculiar Skin of Frogs.—Sensibility of the Retina to Light only.—Rapid Imbibition of Alcohol and Water by Tissues. Analyses of some Fluid Mixtures by Tissues.—Absorption of Medicines by the Stomach.—Introduction of Mercury by Friction.—Effect of Temperature on Imbibition.—The Phenomena of Endosmose and Exosmose.—Resumé.—Morbid Appearances of Leech-Bites.—Ecchymosis from Bruises.—The Phenomena of Ramollissement of the Brain.—Staining and Tattooing.

IN my last lecture, Gentlemen, I explained to you the peculiar structure of the skin, and noticed certain properties which it possesses in reference to the transmission of substances from the exterior to the interior of the system. The general consequence to be deduced from the facts I have stated to you is, that the human body is so disposed, that it is capable of imbibing liquids, and all solids which can be dissolved by the blood. But this phenomenon does not take place readily; on the contrary, imbibition by the skin is difficult, and requires a certain time for its accomplishment. The substance also must be closely and intimately applied to the surface of the skin, or no appreciable effect will be produced; I also told you, that nearly the same conditions were requisite in the intestinal canal, covered, as it is, with a layer of mucus, varying in thickness and viscidity in different parts of the tube, and drew your attention to the analogy which exists between this viscid coat and the inorganic membrane which covers the whole surface of the human body. The presence of this membrane, or epidermis, as it is called by anatomists, is the physical condition which renders the skin different from other surfaces; but as soon as the epidermis is removed, the skin becomes like other membranes, and, in consequence of its great vascularity and the rapid circulation of blood in its capillary vessels, quickly takes up any substance placed in contact with it, and affords the phenomena of imbibition and absorption in a very striking manner.

On this simple fact are founded vaccination, inoculation, and the endermic method of introducing medicinal substances into the economy through the medium of the skin: the process for each is extremely simple, and the only physical conditions which you have to fulfil are, to raise up or remove a small portion of the epidermis, and place the substance which you wish to act, in close contact with the vessels ramifying on the surface of the chorion beneath. A knowledge of this fact is also applicable to cases where you wish to retard or oppose the absorption of poisonous substances. For example, when the individual has been bitten by a mad dog, your first care should be to examine attentively the state of the epidermis in the neighbourhood of the bitten part; whenever the membrane remains uninjured, you may assure yourselves that no poisonous substance has been introduced, and that, consequently, the life of the patient is not placed in any dangerous position.

In attending patients affected with hydrophobia, you should lay peculiar stress upon this circumstance: as long as the epidermis remains sound, you may receive

the saliva upon your hands, your face, or any other part of the body, without incurring the least risk; but the most trifling cut or scratch by which the epidermis has been raised, may afford an entrance to the poisonous matter, and will require the employment of every precautionary measure usually employed to prevent its absorption, as washing the part, cauterization, &c. The case is different when the injury inflicted arises from the bite of a viper; this animal has, as you know, a means of inoculation peculiar to it; this consists in a gland furnished with a kind of tube, and situated near the root of the fang: the poisonous matter there secreted is projected at the moment the bite is given, and you are certain that it is placed in contact with the vessels of the skin; hence an accident of this kind requires instant treatment, to prevent the absorption of the venom, and the fatal consequences which would necessarily result. I have taken the saliva of a man affected with rabies, and placed an atom of it upon the true skin of a dog. In thirty-six or forty days afterwards, the animal became mad, affording another proof, if indeed any were necessary, of the certainty with which cutaneous absorption takes place under the physical conditions already laid down.

There is one practical observation which I wish to make, before quitting this part of the subject, viz., if you place upon the skin any substance, such as a strong alkali, &c., which has the property of dissolving or acting chemically upon the epidermis, it is sure to be absorbed, and to produce its effects very rapidly; and, again, when you have occasion to administer any powerful remedy in the form of a bath, examine the state of the skin; for if any considerable portion of the cutaneous envelop happen to be denuded, if, for example, the patient be covered with syphilitic pustules, &c., he may be poisoned by the quick introduction of the substance which, under different circumstances, would have remained innocuous, or produced beneficial effects.

I shall now, Gentlemen, proceed to make before you one or two experiments which confirm some of the facts advanced in my last lecture; and first you shall see the proof of what I said regarding the impermeability of the epidermis and the absorbing power of the skin, when this membrane is removed. I now place with this glass tube a few drops of prussic acid, one of our most powerful poisons, on the integument of a rabbit; the epidermis is in a state of integrity, and, as you see, the poison does not produce any appreciable effect; nor will it, unless we employ friction or some other means by which the non-affinity of the epidermic membrane for all kinds of substances may be overcome. I shall now repeat the experiment under different circumstances:—A portion of the epidermis has been removed from the skin covering the back of the animal; you see here the raw denuded surface; let us try the effect of the poison upon this spot. A few drops of the acid produce, as you see, manifest effects in one or two senses; he becomes weak, the muscular power fails, and his respiration is already affected. (*Within two minutes and a half from the first application of the prussic acid the rabbit died.*)

The poison has been introduced with less rapidity in the present instance than we had expected, but its effects are sufficiently well marked, and it is, perhaps, as well that this little delay should have occurred, as it gives me an opportunity of drawing your attention to the cause of the difference in the action of the substance. Why did not the prussic acid kill the animal almost instantaneously, as it usually does? Examine the surface, Gentlemen, upon which the poison was applied, and bear in mind what I have before said to you concerning the physical conditions necessary for quick absorption, and you will find an explanation of this fact. In the present case, the surface upon which the acid was placed contains very few vessels, and the rapidity of the circulation in the capillaries has probably been diminished by the length of time which the part has been exposed to the atmosphere; you have, therefore, two physical conditions unfavourable to rapid absorption, viz., slight vascularity and slow circulation of fluid; in consequence of which, but little of the poison was imbibed at a time, and a longer interval elapsed before it could be carried into the general mass of the blood and produce its effects on the economy.

There, Gentlemen, is a little reptile in which we find some curious phenomena; it is of the frog species, belonging to that class which, as M. Edwards first observed, is not covered with an epidermis; instead of that membrane, the body of the frog is clothed with a layer of thick mucus only, and the skin of the animal is not protected from the action of external agents by the same inorganic insensible couch, which we find in man and warm-blooded animals; hence we would conclude, *a priori*, that if a poisonous substance be placed on the integuments of a frog, imbibition will rapidly take place, the agent be transported into the circulation, and death consequently follow within a brief interval. I made the experiment

expecting to obtain this result, but the matter turned out quite differently; here, therefore, you have a phenomenon well worthy of examination. Anatomists say this animal is not furnished with an epidermis, and that absorption should operate with rapidity where this obstacle does not exist; but in physiology, Gentlemen, it is necessary to verify by experiment the truth of every proposition, however plausible it may appear, for we often find, that what should occur, reasoning *a priori* upon grounds apparently just, turns out the very contrary when it is submitted to the test of experience.

Let us illustrate this by one example; you might, perhaps, imagine, that the retina is a membrane extremely sensible, from the delicacy of its organization and the extreme tenuity, one might almost say immateriality, of the agent by which it is stimulated; but this is not the case. I have convinced myself by experiment, that the retina is insensible to every thing but the operation of light; in extracting the cataract, I have often touched the retina with the point of the needle or knife, and the patient has not exhibited the least sign of pain or uneasiness. This, amongst many other examples which we find in the practice of surgery, shows how false it is to conclude upon any physiological fact from ideas previously formed, and how necessary it is to submit every conjecture to the test of experiment, before we think of laying it down as a general principle.

I shall now proceed, Gentlemen, to show you the effect of the poisonous substance when applied to the integument of a frog, whose skin, you will remember, is not clothed with an epidermis like that of man or the higher animals. I place, as you see, a considerable quantity of this strong prussic acid on the back of the frog, the animal feels the application, for it acts locally upon his tissue, like vinegar or any other stimulating substance, but as to the general action there is none; the former has now remained in contact with the skin for several minutes without producing any of its usual effects, which are to convulse the animal excessively, to render him tetanic, and stiffen his extremities, as you shall presently see. But with respect to the present experiment, you should take into account the state of the circulation in these respects. The peculiar manner in which the blood is distributed by the branchial vessels, renders the passage of the fluid very slow, and hence we cannot expect to see the phenomena resulting from imbibition so soon developed in the frog, as in animals of a higher class, where the circulation is infinitely more rapid. We shall now try the effect of the poison upon the pulmonary surface, and see whether the animal is more susceptible through the lungs. We will force him to respire a small quantity of the vapour of prussic acid, and if I mistake not you will soon witness its characteristic effects. (*Here the lecturer passed the mouth of a frog over a vial containing some concentrated prussic acid, but the animal did not seem to be affected in the slightest degree. This was repeated several times, and with the same result, which M. Magendie attributed to the obstinacy of the frog in refusing to respire. A few drops of the acid were also introduced into the reptile's mouth with as little effect.*)

I shall now pass, Gentlemen, to another part of this subject, which is replete with interest in a practical point of view, and is, therefore, worthy of a peculiar consideration. You have seen the ordinary phenomena of imbibition, and have witnessed the aptitude of different tissues to take up all substances placed in contact with them; this is the general fact. I have now to examine whether this affinity is equal for all kinds of substances, or whether some are not absorbed with greater rapidity than others. I need not point out to you the important influence this question must have on therapeutics and the practice of medicine. I shall make a few experiments before you, which will throw light on the subject and furnish data for the deduction of certain useful principles.

Here are two small vials; one contains the tincture of nux vomica, the other some other fluid. I place the extremities of this strip of skin in the two glasses, and you will soon see the difference of imbibition exhibited by either extremity. In fact, while the tincture of nux vomica rises two or three lines, the ether will be imbibed to the height of many inches. Here you see the fact taking place; as I have said, the ether has mounted ten or twelve times higher than the coloured tincture; here we have a fact established of the greatest interest and importance. Different liquids are imbibed by the skin, and, doubtless, the other tissues, with different degrees of rapidity. I have no doubt but that an instrument could be constructed to measure the proportionate rate of imbibition of different substances. You can easily conceive of what importance it would be to know whether the medicinal substances which we employ are absorbed rapidly or not, and that a scale to measure the different ratio of introduction would be of the greatest utility. We are daily in the habit of placing medicinal substances in contact with the surface of the

stomach, but what physician can say whether they are absorbed slowly or quickly, except in a very few cases? The physical experiment which you have just seen proves, that ether is a substance imbibed with great rapidity. Now this agrees exactly with what takes place in the animal economy. Give a patient a draught containing some ether; in a few minutes the liquid pours into the circulation, and is expelled with the pulmonary transpiration, filling the whole chamber with the peculiar odour; ether is, therefore, a substance quickly absorbed by the living tissue. Here you see a similar phenomenon exhibited by the dead skin, a fact confirming what we have so frequently advanced, that absorption and imbibition depend upon certain physical conditions, and not upon any vital power in the part.

There is another fact, Gentlemen, to which I would now direct your attention, it is altogether new and curious. When you place any of the tissues, say a piece of skin, in a fluid containing a colouring matter, as in this glass filled with the tincture of iodine, the lower part of the tissue is saturated with the fluid, and you have complete imbibition of the substances. Thus here you see the extremity of a morsel of skin, coloured quite dark; the iodine has penetrated into its substance; but observe the skin above the dark line, and somewhat above the level of the liquid in which its extremity is placed, and you will notice a portion of the tissue, which has taken up nothing but a colourless fluid, the alcohol in which the iodine was suspended. The line of demarcation between the imbibed tincture and the alcoholic fluid, which has ascended much higher, is quite distinct. Here is a curious and important fact, a true analysis of the tincture of iodine by the imbibing tissue, as perfect as if it had been done by the chemist's hand; below you have the colouring substance; above, that of the alcohol; and, still higher, traces of a light fluid, which is probably water. The same phenomenon takes place if you make the experiment with any alcoholic tincture; the fluid is decomposed, and you find the alcohol one or two inches above the colouring matter. This, I say, is a most important physical fact, the analysis of mixed substances by the imbibing tissue, as it may occur in the living body, and thus medicinal substances may be analyzed and completely altered before they enter the animal economy.

Here is another experiment made on a fluid with which you are all familiar; I have placed some strips of skin in glasses containing vin ordinaire, that bad wine which you get at the common shops: you see the same process of analysis going on, the colouring matter of the wine is imbibed by the lower portion of the skin; above that you see a part which has imbibed nothing but a transparent fluid, very probably water (*a laugh*). I have separated, in this manner all the water contained in a given quantity of wine, and sometimes found it, as you may suppose, very considerable.

We are not without grounds for believing that a similar phenomenon may occur in the human stomach during life; in examining that organ in the bodies of malefactors who had just been executed, and had drunk wine shortly before their death, I have noticed a similar imbibition of the colouring matter by the tissue of the stomach, while the whole of the watery part had been removed and passed into the economy. From this circumstance I am inclined to believe, that in most cases of imbibition, we have this kind of analysis taking place, a fact as yet not generally known or well understood. I say in most cases, for we are not to take the proposition as universal, because we know that some solutions are not analyzed in this manner. Here is an experiment which I made some years ago, and which I will now repeat before you. These two glasses contain, one a solution of the proto-sulphate of iron, the other a solution of the prussiate of potass; one end of a piece of skin has been placed in one of the glasses, and the other in the second glass; the potass mounts quicker along the skin, but both solutions will ascend, meet one another, and form a new solution, from the decomposition of the respective fluids.

This experiment proves, that no analysis has taken place, at least that no complete change has been effected in their composition. Hence we have reason to hope, that many substances may be introduced into the economy, without undergoing this change, without being analyzed by the tissue; indeed we may go as far as to say it is not probable that any analysis takes place of substances applied to the living body, for if you examine these portions of skin, you will find that the whole solution has penetrated into its tissue for a considerable distance without suffering any apparent change, much further than would be necessary to place it in contact with the parietes of the small bloodvessels in the living body. You will see this still more clearly if you use a solution of sulphur in ether, instead of the substances upon which we have just experimented. These facts, Gentlemen, are all of a physical nature, they depend on the structure of the parts, independently altogether of their vital powers. I have dwelt on them

particularly, not only because they are curious, but as they are more or less connected with the practice of medicine, and applicable to therapeutics. Thus when you want to introduce medicinal substances through the medium of the skin, you very often order it to be used in the form of an ointment, &c., to be rubbed in. You recommend friction. Why? Because the substance is forced by continued friction through the epidermis, and placed in conditions favourable for its imbibition. Without that artificial passage (if I may so say) across the epidermic membrane, the substance might be in contact for ever with the skin, without producing any effect on the system. Again, when you employ a remedy which is introduced with great difficulty through this channel, as mercury &c., you mix it with an oily or greasy substance, because these latter enter the tissues with great readiness, and, consequently, favour the passage of the former; the imbibition is thus affected by the aid of friction, and of an oily medium, through which the substance is kept for a long time intimately in contact with the surface of the skin, while the epidermis is softened and rendered more permeable.

It is a matter of great importance to know whether the substance which you apply in the form of friction has been absorbed or not, and this, unfortunately, is a question not easy to resolve: it constitutes the whole difficulty in the treatment of syphilis by friction, which would otherwise be the most eligible method. You cannot know to a certainty whether the mercury enters the system or not, nor how much of it may be introduced during each friction, and you are obliged to wait for some of its general effects before you can say that your medicine has entered the circulation.

There is another circumstance which has a great deal of influence on the rapidity of imbibition. If the solution of the substance you wish to introduce be made at a high temperature, it is taken up and enters the system readily. On the contrary, when the solution is at a moderate or lower temperature, the phenomena of imbibition do not take place with equal rapidity; an interval more or less prolonged elapses before the characteristic effects are manifested. This fact has been long known. If you give a patient warm drinks, they are soon absorbed, and the effects seen in the abundant transpiration which exudes from the surface of his body; let the fluid be cold, and you have no such phenomenon produced, or, at least, it takes place more slowly. We obtain a similar result by experimenting on the tissues of the dead body. If you place the extremities of a morsel of skin respectively in hot and cold water, the warm fluid ascends much more rapidly than the cold one, showing the influence of temperature on the rate of imbibition; and hence whenever you wish to introduce a medicinal substance through the skin, you should take into consideration the influence exercised by the temperature. For example, when you want to rub in mercury, place the patient before a warm fire, and the frictions will be made much more efficaciously than if the same quantity were rubbed in in a cold chamber. The fact, as I have said, has been long known, but not the cause, which requires investigation.

From the subject of imbibition, Gentlemen, we are naturally led to consider the phenomena of endosmose and exosmose, and I shall explain to you briefly in what these phenomena consist. M. Dutrochet was the first who described them at length and in a perfect manner. If you take a glass, containing a fluid, and closed with a membranous tissue, and immerse it in a larger open glass, also filled with fluid but of a different nature, you will in a short time observe certain phenomena, depending on the nature of the fluids contained in the respective glasses. You will find that the fluid contained in the closed glass passes out through the membrane, while a quantity of the fluid contained in the open glass passes in. The first is *exosmose*, or the passage of a fluid *outwards*; the second phenomenon constitutes *endosmose*, or the *entrance* of the fluid. Here, for example, is a broad-bottomed glass, which is closed tightly above by a portion of membrane, through which this long glass tube passes; the glass contains water, and has been immersed in this open glass, or endosmometer, as it is called, containing a solution of gum in water. An interchange of fluids has taken place through the membrane; in two days the external fluid has entered, and risen one and a half inches in the glass-tube, and within the last six hours it has risen four inches. This phenomenon will continue, and the fluid in the tube will mount higher and higher as long as there remains any difference of density or viscidity between the contents of the two glasses.

The result of this experiment gives you an example of endosmose. But here is the experiment made inversely: the gum-water has been placed in the glass closed by the membrane, and the liquid has gradually fallen in the tube; the solution of gum, has, therefore, passed out, and exosmose has been produced. Similar results may be obtained with a variety of other solutions. Phenomena of this na-

ture, Gentlemen, were extremely calculated, from their novelty, to strike the mind of the observer, and to give rise to a multitude of conjectures and explanations; in fact, we find that DUTROCHET and his followers have applied them to the explanation of many phenomena in animal and vegetable physiology which were not before well understood. But we want a set of experiments to determine the value of this application, and at present we are forced to confess, that the subject has not been at all sufficiently investigated. Thus we do not yet know whether all membranes equally present similar phenomena in this respect, or what circumstances may modify or change the passage of fluids through a membrane.

Here is an experiment which proves the truth of the remark I have just made. A solution of gum has been placed in a glass, and the top has been closed with a portion of skin, the internal surface of which is turned outwards. The whole is immersed in a glass of water. Now according to the laws of exosmose and endosmose, the gum-water should pass out, but this is not the case; the solution has ascended in the tube, as you see, instead of descending. The phenomena of endosmose and exosmose have been modified by the manner in which the skin has been applied; there are, perhaps, other circumstances which would have a great influence in modifying the results; but, as I said, we want experiments upon the subject. In making these observations, I do not wish to detract from the merits of DUTROCHET'S discovery, or deny its importance; it may certainly have great influence in the production of several physiological phenomena, but as yet we are not in a condition to affirm this; and I am inclined to believe, that the arrangement of the particles of the fluid and certain physical conditions of the membrane employed, have a greater influence in the production of these phenomena, than the density of the fluid, to which M. DUTROCHET attributes the principal effects.

Gentlemen, nothing is learned thoroughly unless it be enforced by repetition. Let us then briefly review the topics of this lecture. In the course of it we have examined several peculiarities relative to imbibition. We have endeavoured to resolve the question, whether imbibition always takes place with equal rapidity and activity, and found, from a consideration of several facts, that this is not the case; we have also inquired whether compound fluids are imbibed with equal intensity and rapidity, and have arrived at this general fact,—that the different compositions of different liquids create a striking difference in the energy or rapidity with which a substance is taken up and introduced into the system at large; we have also seen that the degree of temperature exercises considerable influence on the rapidity of imbibition. A fluid at a low temperature is taken up very slowly, but when the temperature is elevated, imbibition goes on with proportionate rapidity. You have seen experiments demonstrating these several facts; one fluid was imbibed by the skin three or four times faster than another. Finally, you have seen proof of the remarkable fact, that liquids are analysed by the imbibing tissue; sometimes the alcohol was separated from a tincture; sometimes the water was removed from a solution. We detected in this manner the presence of a quantity of water in some bad wine, and the solution of the hydriodate of potass exhibited an excellent example of the separation of the colouring matter from the liquid in which it was dissolved.

These facts, Gentlemen, are susceptible of application. In the surgical history of man we meet many phenomena the explanation of which either is neglected, because they are regarded as unimportant, or no attempt is made to reveal their nature by authors, whose works you may consult in vain for information on them. Let us take a leech-bite for example; you all know the appearance presented by this little wound in the dead body. Here are several on this morsel of skin; you see an areola formed round the prick; the centre is reddish; then you have a blue circle, and the circumference is yellow, shading off gradually into the rest of the skin. I say you will not find any notice or explanation of this simple and familiar fact in any treatise on physiology or surgery; but it is readily explained by reference to the phenomena of imbibition. The blood has been attracted to a point by the irritation of the bite and the sucking power of the leech, and is subsequently imbibed by the tissues surrounding the wound, as it would be by a sponge. The circumscribed nature of the areola is also explained in this manner; why does not the blood go further and become diffused over a greater space? You now know the reason from the experiments presented to you a short time since. The colouring matter of a compound fluid is never imbibed to any considerable distance; hence the colouring matter of the blood is limited round the bitten point, and does not penetrate far into the neighbouring skin. You have also another appearance resulting from the decomposition of the blood. That fluid has been analysed by the skin; the centre point is red, where the greater part

of the colouring matter rests; near this you see a bluish tinge, where the fluid is undergoing analysis by the imbibing tissue; and further on, near the circumference of the areola, you have only a yellowish tinge; in this part the analysis is complete; the serum being the most fluid part, is imbibed with greater energy, and gives its peculiar colour to the margin.

These phenomena are all physical; they do not require vital power to explain them; nor can it do so, for they take place as well in the dead body as in the living; if a person dies very soon after the application of leeches to any part of the skin, you will have these several changes taking place, you will have the areola formed by imbibition and the difference of colours producing it, by the analysing power of the imbibing tissue. You have another example in the phenomena following a contusion. A man receives a violent blow upon the shoulder; the skin, muscles, cellular tissue, &c., are more or less injured by the violence of the shock, their structure is altered, they are rendered more soft and spongy, and of consequence more apt to imbibe; in a few days you have a large portion of the skin exhibiting a remarkable change of colour; the extravasated blood which was hitherto confined to a small space becomes decomposed; the middle of the ecchymosis exhibits a dark spot mixed with red; near this you have a halo of blue, and externally a circle of yellow. As I before remarked, in reference to the leech-bite, no treatise on physiology gives the explanation of this appearance and alteration of colour, so commonly seen in the practice of surgery. Why have we a dark spot in the middle and a yellow tinge round the circumference, or why is the ecchymosis so regular and limited? The coloured spot is not simply produced by an effusion of blood, for we do not find any considerable swelling, or tension of the part; it is the effect of a physical analysis of the blood by the surrounding skin, and is perfectly explained by the theory of imbibition, which also shows why the ecchymosis is not uniform, but presents different shades of colour in different parts; the centre is dark, because the solid part of the blood is imbibed with difficulty, and remains for the most part in the spot where it was first extravasated; the red particles are carried on a little further; and, finally, the serum, being fluid, and therefore more readily imbibed by the tissues, passes into the surrounding skin, and forms the yellow circle which bounds the ecchymosis. You all know that effusion of blood sometimes takes place in the substance of the brain, constituting the disease called apoplexy; the changes which the effused blood undergoes are in some respect analogous to those just described; but remark, that the brain does not contain any cellular tissue, and that its peculiar structure must, therefore, modify the phenomena of imbibition; what then occurs when blood is shed into the substance of the brain? The part in contact with the effused fluid imbibes the serum and becomes soft: this is the first effect produced, and it is strictly a physical phenomenon. I do not mean to deny that it may afterwards constitute a malady in itself, but I affirm that the phenomena of ramollissement consist in the imbibition of the colouring and fluid parts of the effused blood, giving to the softened portion that red pointed colour which is characteristic of the affection. I know that pathologists say it is a vital phenomenon, and the result of previous inflammation; but I am quite of a different opinion; and I hope to show you a set experiments illustrating the nature and phenomena of inflammation, from which you will conclude, that ramollissement of the brain cannot be classed with this morbid condition of the capillary vessels. The proof is, that you have a central dark point in the softened spot, and beyond that the same yellow border which we see in cases of ecchymosis. Examine this portion of the brain well, and you will find the medullary substance imbued with coloured serum; ramollissement is, therefore, a mere physical phenomenon of imbibition, and not the effect of cerebral inflammation, as most modern pathologists pretend.

Thus you have every day examples in the animal economy of the analytical phenomena of imbibition, or in other words, of the manner in which compound fluids are decomposed by the imbibing tissues. Those which I have cited are not the only ones; we have many others in the history of man. Some nations, you know, make a practice of staining their teeth yellow; they put some yellow colouring matter in contact with the teeth, it is imbibed, and remains fixed in the tissue for a length of time; others, again, stain their nails of different colours; these are simple phenomena of imbibition; perhaps the most curious example I could cite to you, is the practice of tattooing adopted by many savage nations; it is effected by placing a point of colouring matter on the dermis; this is imbibed, acts chemically upon the tissue, and then remains unchanged for an indefinite period of time. We do not exactly know what takes place in the skin during this process, and it would be curious to examine what is chemical and what physical in this process of tattooing.

CLINICAL OBSERVATIONS

ON

VARIOUS DISEASES,

BY

MR. WARDROP.

THE INVOLUNTARY DISCHARGE OF URINE IN CHILDREN.

THERE are many diseases which have not excited much of the attention of medical men, merely because they do not usually lead to any very serious termination. Such ailments, however, may not be the less a source of discomfort, or even of affliction to those who suffer from them, and therefore there is surely as much merit in investigating their nature, and contriving means to relieve them, as in discovering the mode of curing a disease which, though it may be of a fatal tendency, yet very rarely afflicts mankind. This remark is particularly applicable to the involuntary discharge of urine incidental to children, an ailment which, as far as I know, has not been noticed in medical writings, except slightly by Mr. ABERNETHY and Dr. HAMILTON, and which, from its having been considered as an affection entirely under the influence of the will, or a *bad habit*, a harsh, unkind, and inefficacious moral treatment, has usually been employed to correct the afflicted youth, being often exposed to ignominious punishment. There are, indeed, many distressing states of mind which are too often considered as the effect of the imagination, or which are supposed to be under the influence of the will; whereas I may venture to lay it down as a general maxim, and as one which it will be particularly useful for the young practitioner to keep in mind, that whenever any alteration is observed in the moral disposition, temper, or intellectual habits of individuals, such will invariably be found to be accompanied by a disturbed state of some organ or function of the body. We all know how languid the mental powers become when the stomach is burdened with too full a meal,—how the temper is altered by the presence of undigested food, which makes it the more unaccountable that the state of the physical frame in those who are afflicted with an involuntary discharge of urine should not have become a subject of medical investigation.

The chief object of the present observations is to point out that this complaint, in place of being under the influence of the will, is a sympathetic affection, never present without some derangement of the digestive organs, and when that disturbance is once cured, the involuntary discharge of urine ceases. Indeed, so fully aware are some parents to whom I have communicated this view of the complaint, and in whose experience it has been verified, of the accuracy of the remark, that the recurrence of the discharge of urine in a child who had once been afflicted with it, has been to them a sufficient warning of the return of the primary and bodily evil.

I may briefly remark, that the affection to which I here allude is confined to boys; that it takes place only in bed, usually towards morning, and commonly about the same hour; that in some patients it recurs every day, in some irregularly; in some it continues only for a few weeks or months, whilst in others it lasts for years. In all cases the digestive apparatus is deranged, and more commonly the large intestines.

Case 1.—A youth, fifteen years of age, had been for some years more or less subject to an involuntary discharge of urine, which took place in bed early, and usually at about the same hour of each morning. On inquiry, it appeared that his health was always out of order when he was afflicted with this involuntary discharge of urine, the primæ viæ being then deranged. I ordered him every second night a succession of doses of one grain of calomel, with three of rhubarb, and a dose of senna on the alternate nights. By this treatment his general health rapidly improved, and in a few weeks the sympathetic affection of the urinary organs was completely checked.

Case 2.—A youth, ten years of age, had been for some months subject to void his urine almost every morning whilst asleep, to correct which a variety of means had been contrived. When at school it was considered by the master to be a bad habit, and he was subjected to cruel and harsh punishments. He had a sallow complexion, a loaded tongue, a craving appetite, his bowels were irregular, and the abdomen was tumid.

The alimentary canal being first evacuated by the free use of purgatives, I ordered him every alternate night one grain of calomel, combined with two of rhubarb, and a small dose of soda and rhubarb twice a day. Under this treatment his health progressively improved, and in a few weeks he no longer suffered from the involuntary discharge of urine. He was, however, occasionally subject to attacks for several years afterwards, and when-

ever that symptom recurred, his parent considered it as a warning of a disturbance in his health, which was treated accordingly, and the habit ultimately destroyed.

The foregoing observations will, I trust, have the effect at least of calling the attention of the surgeon to a rational mode of relieving those who are afflicted with an involuntary discharge of urine; and if the views of the nature of this complaint, which I have given, be correct, the humane practitioner will not only be enabled to relieve the sufferer by medical treatment, but he will be enabled to impress on the minds of those who have the care of youth, the true cause of this malady, and will be gratified by saving many from reproach, and even from harsh punishments.

NEW METHOD OF OPERATING,

DESIGNED TO

PREVENT A RELAPSE

IN CASES OF

CANCER.

In the last number of the French Medical Gazette (October 18th) we find the following observations by M. Martinet, tending to prove the possibility of radically curing cancer, without any danger of a relapse after the operation. It remains for further experience to decide on the efficacy of the means proposed.

The frequence of relapse after operations for the removal of cancerous growths is a fact well established in the practice of surgery. The results obtained by Monro attest the truth of this principle, which Boyer carried so far as to reject altogether the employment of the knife, or cauterization, against the disease. On what does this fatal tendency to a reproduction of the disease depend? In most cases on absorption of the cancerous matter into the system; but in many others a general infection only is apparent. The disease remains local, but returns with the utmost obstinacy. The cause of this latter phenomenon, like the nature of the disease itself, is inexplicable. However, certain predisposing conditions are necessary to its production, and in removing these almost essential causes of relapse, may we not hope to prevent any return of the disease?

Such is the proposition which M. Martinet seeks to resolve. He had remarked that cancer, in a very great majority of cases, returned either on the cicatrix, or at its junction with the neighbouring tissues, and that the chances of a relapse were always less when the operation was performed upon a part covered with sound skin than when the latter was ulcerated. In the midst of the uncertainty arising from these and several other considerations in cancer, the following case, which we analyse, presented itself to M. Martinet.

Case 1.—*Cancer of the Nose—Operation and Relapse—Employment of the Arsenical Paste—Symptoms of Poisoning—Application of a Flap of Sound Skin from the Cheek—Cure.*

The patient had been affected for six years with a mushroom excrescence in the wing of the nostril. At the commencement it seemed quite benign, and was developed under the form of a small wart. At the end of three years this commenced to split, was covered with crusts, which were renewed from time to time, and discharged a bloody ichor. The lancinating pain now set in; the growth of the tumour was rapid, and the fungus soon acquired its maximum of size. The parts surrounding the cancer were healthy, and the interior of the nostril was free from vegetation; the general health was good; the disease perfectly local; oblation was, therefore, decided upon. The tumour was carefully dissected away, and the wound dressed with simple cerate, charpie, and a bandage. The patient was bled, and put on a strict diet. The dressing was removed on the third day, and suppuration had not yet commenced.

Some circumstances now prevented the surgeon from seeing the patient for nine days; at the end of which period he found the wound covered by a new mushroom-growth, larger and more painful than the one he had removed. He cut away the new vegetations, even scraping the cartilage of the nose with the bistoury, and then applied some arsenical paste on the wound. Two days afterwards, on returning, he found the patient in a furious delirium, the head double its natural size; in fine, with symptoms of poisoning. The paste was at once removed, and the accident successfully combated by refreshing drinks, &c.

Suppuration set in well, and the granulations presented a favourable appearance, but after waiting several months, cicatrization had not taken place. Under these circumstances the author put into execution his new method, which consists simply in taking a flap from the neigh-

bouring sound integument, and laying it down so as to cover the surface of the wound. At the termination of eighteen days the union of the edges seemed sufficiently solid; the pedicle of the flap was cut through; the edges of the new wound were brought together as much as possible; and in thirty-six days the patient was perfectly cured. Six years have now elapsed since the operation, and the patient has never experienced the least pain in the region of the nose.

This first case, which may be regarded as somewhat doubtful, was soon followed by another of a more decisive nature:—

CASE 2.—*Amputation of the Breast—Relapse during the Cicatrization—Application of Arsenic—Relapse—New Operation, followed by the application of a Flap—Cure.*

A female, 44 years of age, married at 25, had never had any children. At 40 years of age menstruation became very irregular. In 1828 the right breast, without any known cause, became much enlarged, and the patient soon felt lancinating pains, &c.; they became gradually worse, and after eighteen months of suffering she called in a physician, who ordered leeches and revulsives to the intestinal canal; but the tumour and pains increased in spite of these means. The patient now became very much discouraged; she employed every kind of remedy for sixteen months, and consulted various physicians. At last ulceration set in; and the patient, reduced by pain and hemorrhage, entered the hospital in March 1830.

On examination, the right nipple was found to be destroyed by an ulceration one and a half inches long by seven or eight lines in depth. It presented all the characteristic marks of open cancer. The neighbouring integuments were hard and irregular, but all the glandular system in the neck, axilla, &c. was sound, except three enlarged ganglia in the right axilla. Cataplasms with laudanum were applied to the breast, and opium was administered interiorly to calm the pains; but the patient demanded an operation with great earnestness. It was performed, although, from the length of the disease, and the general appearance of the patient, a relapse was considered as inevitable. The gland and all the subjacent diseased parts were removed in the usual manner; and the incision being carried up to the axilla, the three enlarged ganglia were extirpated. The wound was dressed as usual with cerate, charpie, and bandages.

The patient's strength was much exhausted during the operation, and she fainted immediately after; in three hours a secondary hemorrhage came on; the dressing was at once removed, but the bleeding vessel could not be discovered; the wound was therefore plugged with agaric and compresses. She passed a good night; no bleeding; some fever.

It is unnecessary to give unessential details of each day's progress. The wound went on well till the month of May (forty-six days after the operation), when pain again set in, but it presented a good healthy aspect:—

On the 5th the granulations changed character and became suspicious; they were touched daily with nitrate of silver without effect; the arsenical paste was now applied to the bottom of the wound without any accident; the eschar came away in 15 days, and good-looking vascular granulations sprang up; the patient felt no pain; cicatrization was slowly accomplished, and the patient thought herself completely cured. But unfortunately in two months the cicatrix began to swell; pain set in, and the newly-healed wound ulcerated. After two relapses a palliative treatment seemed hopeless; but the patient demanded a new trial. Two semicircular incisions were made, two inches beyond the edges of the old cicatrix, thus removing all suspicious integuments; the ribs were laid bare, and the actual cautery was employed in every point where the least excrescence was supposed to exist.

The wound thus made was covered with compresses dipped in cold water, which were frequently renewed. However, the wound was attacked with severe inflammation, but this was removed by leeches. At the end of six days the eschars came away, and healthy granulations sprang up; this was the moment to apply the new method of operating. A flap was taken from the skin over the serratus magnus, and laid down on the wound, where it was maintained by sutures, &c. The next day there was a little fever; on the 3rd day the sutures were removed; a few slight adherences united the edge of the flap; gentle compression was therefore employed, and on the following days the adherences became more solid and numerous, and in eight days the flap was united in its whole extent, except at the centre, where a strip of linen had been left, to act like a seton.

The general state was favourable; the patient commenced to eat a little. In thirteen days the central bit of linen was withdrawn and pressure used; all the rest of the flap was perfectly united; finally, all suppuration ceased on the 26th day. The pedicle of the flap was now cut

through, and the cure has remained perfect. Two years have elapsed since the operation without any relapse.

The following case presents a similar result to the former.

CASE 3.—*Amputation of the Breast.—Relapse during the Cicatrization.—Second Operation.—Flap.—Cure.*

A married woman, twenty-nine years of age, who has had no children, received, about three years ago, an injury of the breast, while endeavouring to settle some domestic quarrel. The first accident soon disappeared, but the gland remained enlarged, though without pain, for a year. Several remedies were employed; but the tumour continued to increase; pains of a severe nature set in; the patient's general health suffered much, and three years after the accident she came to consult the author. The scirrhous tumour of the breast was as large as an egg, not adherent below, but united to the integuments: there was no swelling of the ganglia in any part of the body. Although the constant pain, want of sleep, and hectic fever, from which the patient suffered, seemed to indicate the presence of organic disease in some cavity, yet the operation was performed.

The gland was removed, and some charpie put in the wound to promote union by the second intention. The wound went on well; cicatrization had even commenced, when pain set in, the skin ulcerated, and the ulcer assumed the cancerous appearance.

A second operation, similar to the former, was immediately performed; and the wound was dressed in a similar manner; healthy granulations now sprang up, the pus was good, and the author was about to lay down his flap, when he perceived in the centre of the wound a gray hard point, readily bleeding, and extremely painful. This was considered as a new relapse, and the part was touched with the potential cautery. The eschar came away on the fifth day, and a flap of healthy integument was immediately laid down. The sutures were removed on the second day, graduated pressure was employed, care being taken to leave an outlet for the pus, and reunion was complete on the twentieth day. The patient has since recovered perfectly her strength and health. Three years have gone by, and there has as yet been no appearance of a return of the disease.

The last case operated upon by M. MARTINET presented several complications, which fortunately did not prevent him from obtaining a complete cure.

CASE 4.—*Removal of a Scirrhous Tumour of the Cheek.—Excessive Hemorrhage.—Failure of Union.—Second Operation.—Relapse during the Cicatrization.—Third Operation.—Flap.—Cure.*

The subject of this case was a man forty years of age; for three years he had been affected with a hard tumour, developed without any known cause in the substance of the left cheek. This gradually increased, and at the expiration of the time just mentioned had acquired the size of a hand-ball. The tumour was at first indolent, but latterly accompanied with lancinating pain. The tumour was embraced by two elliptical incisions; the insertions of the buccinator muscle were all separated, and an attempt was made to remove the tumour from the mucous membrane on which it lay; but the adherences were so close as to render this impossible; the membrane was therefore removed with the scirrhus. It was necessary to follow a prolongation of the tumour between the pterygoid muscles, as far as the transverse process of the third cervical vertebra. This enormous wound exposed the whole cavity of the mouth, and the tongue had a constant tendency to force itself out between the edges. The skin was dissected up to the extent of two inches below, and a very little above, and the edges of the wound were brought closely together by the twisted sutures, bandages, &c.

The tumour being now examined, it presented an appearance strictly of a scirrhous nature, with some degeneration in the centre. The patient was bled an hour after the operation, and in two hours more, a most violent hemorrhage set in; compression was applied without arresting the blood. On the arrival of the operator, the patient had been attacked by convulsions, and so much blood had been lost as to occasion a deep and long fainting fit. The sutures were now removed; the wound was opened, upon which the hemorrhage ceased: the operator, by way of precaution, twisted all the points which seemed capable of furnishing any hemorrhage. In a quarter of an hour the patient vomited an immense quantity of blood which had been swallowed during the compression of the wound.

In order to prevent a new loss of blood, the wound was plugged with compresses of agaric reposing on a thin plate of lead resting on the naked surface of the two maxillary bones; the edges of the wound were again brought together by sutures.

On the 10th day, the author attempted to obtain union by the second intention, by bringing the wound more closely in contact with itself; for this purpose he employed suture and sticking-plaster.

The saliva still continued to flow through the cheek: after a few days had passed, the edges were cauterized, and kept in contact by bandages; this latter attempt was successful; cicatrization gradually went on, and in two months the cure seemed complete. When the cicatrix became tumid, excrescences shot out from the inner surface of the wound, and the former gave way, opening a passage for the saliva and a stinking suppuration.

In this desperate state, the author did not hesitate to have recourse to a third operation: he cut away all the tissues of a suspicious appearance, and passed the actual cautery frequently over the surface of the bones from which the fungous excrescences shot in greatest number. After the separation of the eschars &c., a flap was dissected from the integuments covering the back of the head, and brought forward so as to cover the whole surface of the wound. A great number of sutures were applied superiorly; only a few on the skin of the neck; the dressings were maintained by a propor bandage. On the 12th day, the upper edge of the flap was united in its whole extent; the lower one at a few points. When the tumefaction and tenderness had diminished, the non-united portions of the lower edge were pared with the bistoury and brought together by the twisted suture, and union was at length obtained, except in a small point near the parotid, where a salivary fistula remained.

This latter was combated, and successfully removed, by a peculiar contrivance, which we do not think it necessary to describe.

The author concludes from the above case, that by employing his method a relapse will be always avoided, provided the flap be well applied on the surface of the wound, either immediately after the operation, or when granulations have been developed. He accounts for the cure in the following manner:—in cases of cancer operated upon after the common method, and healed by the first intention, this latter process takes place in the very tissues where the cancer was primitively developed, and where, consequently, it has the greatest tendency to be reproduced; whereas, in the new method, union takes place in parts altogether healthy, beyond the limits of the disease, and, as one may say, the cancerous atmosphere; while the thickness of the flap removes the primitive seat of the affection from all irritation, external influence, &c.

This idea is ingenious, and probably possesses a good deal of truth; but we cannot agree with M. MARTINET in thinking that four cases, however successful, are sufficient to decide a question of this difficult nature.

TRANSFUSION OF BLOOD IN UTERINE HEMORRHAGE.

THE following cases of the transfusion of blood in uterine hemorrhage deserve to be added to those which are already on record. The small quantity of fluid injected on the present occasion, evidently proves that the blood acts rather as a stimulus to the heart than by virtue of its mass supplying the place of the fluid lost.

Case 1.—A female, 41 years of age, the mother of several children, after a suppression of the menses, which lasted for two months, was suddenly seized with uterine hemorrhage, which soon became very abundant. The woman continued to lose blood for eighteen hours, when Dr. KLETT was called. He found the patient extremely reduced; pulse almost insensible. The quantity of blood lost was very great; it had traversed the bed and covered the floor of the room. Astringent medicines were immediately administered, frictions practised on the belly and chest, and astringent injections thrown up into the uterus. These means were unavailing; a draught containing sulphuric ether and the oil of canaila failed to support the strength of the patient, and the symptoms of approaching dissolution began to set in. Under these circumstances M. KLETT resolved, for the first time in his life, to try the effects of transfusion of blood; and, accordingly, two ounces of that fluid were drawn from the arm of the patient's husband, a strong healthy man, and transferred to her. The result was surprising, the patient immediately opened her eyes, which had been shut, and the pulse became sensible; the hiccup ceased; the extremities recovered a little heat, and the countenance improved. The medicines before given were re-administered, the hemorrhage was arrested, and the patient recovered consciousness. The ratanhia, combined with iron and bark, was

continued, and the woman speedily recovered.

Case 2.—On the 17th of February, Dr. KLETT was called upon to visit a woman, 31 years of age, who had lost a great quantity of blood within the ten preceding hours. The symptoms enumerated in the former case were present, and the patient had taken leave of the world. She resembled a person actually dead. The successful result of the last operation induced the author to repeat it. The medicines commonly given in such cases were ordered, and two ounces and a half of blood from the arm of the woman's husband thrown in. Life seemed to be immediately reanimated as by an electric spark, astringent remedies had the effect of arresting the bleeding, and the patient's health was finally re-established by a nourishing diet.—*Gaz. des Hopitaux*, Oct. 7th, 1834, from *Medicinisches ches Cor. Blatt*. No. 6.

ANTIDOTE TO ARSENIC.

IN our last Number, page 126, we gave a brief account of the proposal of the hydro-oxide of iron by MM. BUNSEN and BERTHOLD of Gottingen, as an antidote to arsenic acid. The experiments made by those physicians on animals have succeeded, and at the last meeting of the *Royal Academy of Medicine*, M. BOULET related a case in which the oxide of iron was employed with equally beneficial results. We extract it from the French *Med. Gaz.*:—

A carman, employed by a grocer-druggist to transport a heavy sack containing arseniate of potass, had deposited the sack on a cask containing the oats which he commonly gave to his horses. The sack gave way in this position, and a considerable quantity of the salt escaping, became mixed with the oats, which were subsequently given to the horses: they fed with appetite. In the evening the oats were again given, and as one of the horses was dispatched to Versailles at night, a feed of oats was placed in the car. The horse performed the journey well enough, but in returning the carman fell asleep, and when he awoke, found the animal dead under his car. Immediately on his arrival at Paris the stable was visited, and three other horses were found very ill. They were brought to a veterinary surgeon, at whose establishment one died on arriving. Before morning, out of seven horses in the stable, four were dead. M. BOULET being called in, found two of the remaining three in a desperate state; one only offered any chance of being treated with success. He examined the oats, and discovered the mixture of a salt, which, from its weight, he conjectured to be a metallic ore. The grocer declared it to be arseniate of potass. The horses were now considered as lost beyond all hope. M. Boulet gave some mucilaginous drink, and went to the shop of M. Labarraque, the chemist, to ascertain more exactly the nature of the poison. The arseniate was immediately recognised, and M. Chevallier, who was present, determined on seizing the opportunity of trying the antidote proposed by Dr. Bunsen: he prepared the tritoxide, with eight ounces of sulphate of iron in three pints of water; this was first treated with ammoniac, until all stypticity was removed, and then with chlorine to increase the dose of oxygen. The liquid was administered to the three horses who remained alive, one survived three hours, a second thirty-six; in the third, the symptoms of poisoning were removed by the administration of the remedy, but he was subsequently seized wfth a very violent pneumonia.

PROFESSIONAL JEALOUSIES.—Dr. Sims, a Fellow of the College of Physicians, gave the following evidence as to the feeling which exists under the domination of the London College of Physicians, in reply to questions put by Mr. Warburton.—(*Vide* LANCET verbatim edition of the *Parl. Med. Evid.*, ques. 2076, and on.):—

Ques. "It has been stated that there exists a jealousy between the fellows and the licentiates, which is *not creditable* to the members of a liberal profession. Can you state any injury which has arisen out of that jealousy?

Ans. "They are so much separated from each other that they *scarcely appear to belong to the same body of men in London*. There appears to be a chasm between the two parties, which it is difficult to fill up. Two physicians will study at Edinburgh: the one graduates at Oxford or Cambridge, the other finishes his education at Edinburgh, and they come to London to settle as physicians; one becomes a licentiate, and the other a fellow: under those circumstances it not unfrequently happens, that though they have been very well acquainted during the time of their pupilage at Edinburgh, their interests are so diametrically opposite to each other with regard to the question of the College of Physicians, that it creates a jealousy and a dissention between them."

EFFECTS OF

OPIUM EATING.

THE celebrity of the narrator, and the high literary rank of the patient whose case is detailed, invest the following statement with much interest. Our pity for the sufferer, however, is relieved by a smile on arriving at the something more than non-professional description of one effect of the miserable habit indulged in by the renowned poet and lecturer.

The lately deceased SAMUEL TAYLOR COLERIDGE, soon after his first residence at the lakes, went to Malta, where he filled the office of Secretary to Sir A. BALL. "This," says Mr. DE QUINCY (the English opium-eater), in the last number of *Tait's Magazine*, "was an unfortunate chapter of his life; for being necessarily thrown a good deal upon his own resources in the narrow society of a garrison, he there confirmed and cherished, if he did not there form, his habit of taking opium in large quantities. I am the last person in the world to press conclusions harshly or uncandidly against Coleridge; but I believe it to be notorious that he first began the use of opium, not as a relief from any bodily pains or nervous irritations—for his constitution was strong and excellent—but as a source of luxurious sensations. It is a great misfortune, at least it is a great peril, to have tasted the enchanted cup of youthful rapture incident to the poetic temperament. That standard of high-wrought sensibility once made known experimentally, it is rare to see a submission afterwards to the sobrieties of daily life. Coleridge, to speak in the words of Cervantes, wanted better bread than was made of wheat; and when youthful blood no longer sustained the riot of his animal spirits, he endeavoured to excite them by artificial stimulants.

"It was not long after his return from Malta that my own introduction to Coleridge occurred. At that time some negotiation was pending between him and the Royal Institution, which ended in their engaging him to deliver a course of lectures on Poetry and the Fine Arts, during the ensuing winter. For this series (twelve or sixteen, I think) he received a sum of 100 guineas. And considering the slightness of the pains which he bestowed upon them, he was well remunerated. I fear that they did not increase his reputation; for never did any man treat his audience with less respect, or his task with less careful attention. I was in London for part of the time, and can report the circumstances, having made a point of attending duly at the appointed hours. Coleridge was at that time living uncomfortably enough at the *Courier* Office in the Strand. In such a situation, annoyed by the sound of feet passing his chamber-door continually to the printing-rooms of this great establishment, and with no gentle ministrations of female hands to sustain his cheerfulness, naturally enough his spirits flagged; and he took more than ordinary doses of opium. I called upon him daily, and pitied his forlorn condition. There was no bell in the room, which for many months answered the double purpose of bed-room and sitting-room. Consequently, I often saw him, picturesquely enveloped in night-caps, surmounted by handkerchiefs endorsed upon handkerchiefs, shouting from the attics of the *Courier* Office, down three or four flights of stairs, to a certain "Mrs. Brainbridge," his sole attendant, whose dwelling was in the subterranean regions of the house. There did I often see the philosopher, with a most lugubrious face, invoking with all his might this uncouth name of "Brainbridge," each syllable of which he intonated with long-drawn emphasis, in order to overpower the hostile hubbub coming downwards from the press, and the roar from the Strand, which entered at all the front windows. "Mrs. Brainbridge! I say, Mrs. Brainbridge!" was the perpetual cry, until I expected to hear the Strand and distant Fleet-street take up the echo of "Brainbridge!" Thus unhappily situated, he sank more than ever under the dominion of opium; so that, at two o'clock, when he should have been in attendance at the Royal Institution, he was too often unable to rise from bed. Then came dismissals of audience after audience with pleas of illness; and on many of his lecture days, I have seen all Albemarle-street closed by a "lock" of carriages filled with women of distinction, until the servants of the Institution or their own footmen advanced to the carriage doors with the intelligence that Mr. Coleridge had been suddenly taken ill. This plea, which at first had been received with expressions of concern, repeated too often, began to rouse disgust. Some in anger, and some in real uncertainty whether it would not be trouble thrown away, ceased to attend. And we, that were more constant, too often found reason to be disappointed with the quality of his lecture. His appearance was generally that of a person struggling with pain and overmastering illness. His lips were baked with feverish heat, and often black in colour; and in spite of the water which he continued drinking through the

whole course of his lecture, he often seemed to labour under an almost paralytic inability to *raise the upper jaw from the lower*. In such a state it is clear that nothing could save the lecture itself from reflecting his own feebleness and exhaustion, except the advantage of having been precomposed in some happier mood. But that never happened; most unfortunately he relied upon his extempore ability to carry him through. Now, had he been in spirits, or had he gathered animation, and kindled by his own emotion, no written lecture could have been more effectual than one of his unpremeditated colloquial harangues. But either he was depressed originally below the point from which any re-ascent was possible, or else this reaction was intercepted by continual disgust, from looking back upon his own ill success; for assuredly he never once recovered that free and eloquent movement of thought which he could command at any time in a private company."

FRENCH MEDICAL CONCOURS.

To the Editor of THE LANCET.

SIR,—Although the picture of the French Medical Concours lately given in THE LANCET—being a faithful representation of the proceedings of that institution in the amphitheatre—reflects great credit on your correspondent, and places the institution itself in a favourable light before the English medical public, there has been in his report, in one instance, an error, and in another an omission, which ought to be corrected.

He says that the judges are chosen by lot from the Faculty of Medicine and the Royal Academy of Medicine,—two thirds from the former body, and one third from the latter. Such, however, is not the fact, and had it been so, it is evident that there would be no *certainty* of having competent judges, as the lot might fall upon individuals who were wholly engaged in pursuits in no way connected with the subject of the chair in *concour*. For instance it would be obviously ludicrous to see the professor of botany sit as a judge in a concours for the chair of surgery or midwifery, and *vice versa*. This has been well guarded against by fundamental laws. Those laws enact that in every case two thirds of the judges shall be supplied by the Faculty of Medicine, and that this two-thirds shall consist of the occupants, for the time being, of certain chairs—chairs next in relation, as to their subjects, to that in *concour*. Thus the professors of the Faculty of Medicine sit as judges *ex officio*. The other third of the judges are chosen *by lot* from *specified sections*, as the case may be, of the Royal Academy of Sciences or the Royal Academy of Medicine. These institutions are quite unconnected with the Faculty of Medicine, and have been organized for entirely different purposes.

In the concour for the chair of medical physics,—the first that took place on the revival of this fearful ordeal in 1831, the third of the judges was supplied by the section of *general physics* of the Royal Academy of *Sciences*. I recollect that Gay-Lussac and Dulong were of the number. This concour gave rise to a great deal of ill-feeling and jarring between the Royal Academy of Sciences and the Faculty of Medicine,—the former asserting broadly that the judges supplied on the occasion by the Faculty of Medicine were not guided in giving their votes by *datur digniori*—the end for which the concours were instituted. The candidates were M. Pelletan and M. Charles Cleophas Person. The former had filled the chair for the preceding six years, and with great credit to himself and to the Faculty. Not, however, having gone through the ordeal of a concour, his chair was declared vacant, as were some others, and he became a candidate for his old seat. His family had been always faithful adherents to the cause of the Bourbons, and his own elevation to the chair was a result of royal favour.

It may be well supposed that, under these circumstances, M. Pelletan stood in no very favourable light with the French in 1831. *Feeling*, however, kept many from competing for his chair, and his only rival was Person, but he was, in himself, a host. Person was a young man aged about eight-and-twenty years. He had but recently taken his degree in the Faculty of Medicine, a step which was made, it was said, to qualify him for the concours. He had already exhibited the highest character as a natural philosopher, and was a great favourite with the Royal Academy of Sciences, of which celebrated institution he was generally looked upon as a future star.

I was present at all the *epreuves* for this chair. The questions in those trials were of the most abstruse and trying nature, and so far as I could judge were ably handled by both candidates. Pelletan laboured at the time under great disadvantages, being in very indifferent health; but then he had the advantage of standing on his old ground, fighting as it were on the defensive against an intruder, with a majority of his judges composed of his late colleagues. Person stood, as was observed by many, in an ungracious position. He

was endeavouring to take the house over his neighbour's head. Those who were best capable of judging said, without reserve, in the amphitheatre, that the odds on every *epreuve* were hollow in his favour as a man of science. This, however, availed him but little, as the majority voted for Pelletan. The judges furnished by the Royal Academy of Sciences all voted for Person, and were quite enraged because he was not elected. Many were afraid, at the time, that the jarring which took place between two such important institutions would bring discredit upon the concour, and lead, in the end, to its suppression.

The omission made by your able correspondent is now to be noticed. He has said nothing about the way in which the judges vote, or about the kind of majority that a candidate must have to be successful.

By the regulations in this respect, you will find that where there are more than two candidates, and especially where they are numerous, the most worthy has the best chance of the chair.

An *absolute* majority of the suffrages is necessary for the successful candidate, and no one can be declared duly elected without it. Thus it may happen that the man who at the first ballot gets a relative majority may not finally get a single vote. A, B, C, D, and E, are competitors. There are twelve voters; at the first ballot A gets four votes, the others two each. The judges draw a second time. A has again his four votes; B has also four votes, D and E but one vote each, and C two votes. The judges draw a third time: D and E are blanks, C turns up four votes. The judges ballot a fourth time; A's friends seeing that three ballots have taken place without adding to their number, begin to think that all is up with their favourite, and knowing that B is most worthy of the chair, may, in part or in a body, vote for B, to keep C out, who is not so worthy. There may be, again, a relative majority, A or one of the others having lost but one or two votes; and then and so often as a relative majority is the result, the judges must reballot. If the votes be equally divided between two candidates the president has the casting voice; courtesy requires that he draw by lot, but he may vote as he pleases.

By the organization of the jury, and by the manner in which they are bound to vote to come to an absolute majority, it is plain that great pains were taken by the authors of this admirable test of professorial competency, to guard against abuses and the baneful results of intrigue. How far they have succeeded in guarding against these evils is a question hard to be determined, but there are those who fearlessly say that they exist to a disgraceful extent, and have more or less to do in every choice that is made.

I am, Sir,
Your obedient servant,
BALLOT.

London, Oct. 5, 1834.

PRESERVATION OF THE

MEDICAL COMMITTEE PAPERS

FROM THE FIRE AT WESTMINSTER.

To the Editor of THE LANCET.

SIR,—The fate of the medical documents which were deposited in the House of Commons when the late conflagration took place, will, of course, be a subject of interest to most of your readers.

A little before seven o'clock, on Thursday evening, I reached Westminster Hall, when I found the whole of that part of the House of Commons which is contiguous to it, one entire furnace of flame. I assisted some firemen in breaking down and taking away the large wooden doors in the communication between the two last-named places, in order that the flames might be more completely played on with the water. Streams from the engines were also steadily directed against the south-eastern and south-western corners of the roof of the Hall adjoining the House of Commons; and the preservation of the former was, I think, in a great measure attributable to the constant manner in which those engines were kept at work. Some noblemen were on the spot superintending the proceedings. I think they were Lords Hill and Althorp.

Seeing that the interior of the House of Commons was perfectly inaccessible from this quarter, and that I could not render any further essential service there, I went round the western (the Abbey) side of the House of Commons, to the southern end, opposite the House of Lords. Persons were then busily engaged in carrying out the books from this part of the House of Commons, through the members' waiting-room. I assisted in carrying down a great many of those books, and placing them in coaches hired for that purpose. They were all deposited in St. Margaret's Church. At this time our situation was perilous, as we had to get the books, which were very large and numerous, from the rooms at the top of the House, which were every moment threatened by the flames. The staircase was also by this time in

an extremely dangerous state, and we were drenched with torrents of hot water which had come from the pipes of the engines through the burning materials. I carried down the last of those books, and afterwards went up to ascertain that none remained. A detachment of soldiers in this part of the House rendered essential service at this period.

All the books being removed from this quarter, the flames having got possession of it, and observing that they were rapidly extending towards Mr. Warburton's committee-rooms, I hastened thither. On my arrival at, I believe, No. 15 (the apartment over the Medical Committee-room), I found the door already open, and three or four persons in the room, which was literally filled with documents. These they told me were Mr. Warburton's papers. I instantly proposed that they should be removed, and urged that we had probably only a few minutes to transfer them to another place before their present place of deposit would be destroyed. The persons said that although the papers would be burnt if left, still they had no authority to move them. I hastily argued the point with a gentleman who came into the room, whose name I think was Cooper, and who seemed to possess some influence with the party. I told him my name and address, and that I would be responsible for the safety of any papers which I removed. I think he said that he lived in Pall-mall or Piccadilly (perhaps this was Mr. Cooper of the Record Office), but there was little time for recollecting names or addresses. He, however, agreed to go and get the coaches for their removal, whilst we above threw them out of the window. I stripped down the large green window-curtains, and with the assistance of a few others tied up the papers in them, and threw them out. These curtains were only sufficient to hold a small portion of the documents, and therefore the rest were thrown by handfuls into the street, picked up, and conveyed across to St. Margaret's Church.

After the principal portion of Mr. Warburton's papers had been thus secured, I hastily rode to his residence in Cadogan-place, but as he was out of town I left a note informing him where I had temporarily deposited his papers. It was then, I think, about ten o'clock at night. I subsequently rode back again to the House of Commons and entered Mr. Warburton's committee-room, No. 13, by means of a fire-ladder. A detachment of the Blues were there (under the command of Captain Hill, I think) directing the pipes of the fire-engines against the flames, which had then taken full possession of the whole of the building over the passage immediately leading to the room. A breach was made in the ceiling of the passage; the burning rafters were copiously falling upon it, and it seemed every moment as though it were about to fall. Knowing that the Railway-road Committee sat next to Mr. Warburton's, I proposed to two of the Blues (one of whom was named Steen or Steer) to go through this passage under the burning ruins, and burst open the door of the last-named room with the hope of being able to save something: unfortunately before we had completely wrenched it open the hatchet broke, but we could see sufficient to observe that everything there, ceiling and all, was reduced to ashes. A strong party-wall separated this last room from Mr. Warburton's, which was evidently a barrier against the extension of the flames in this direction, and on applying our hands to it we found it quite hot. Another means of checking the progress of the flames in the upper rooms of this division of the House of Commons was the unroofing of it.

It was now, as near as I can guess, about twelve o'clock, or perhaps one in the morning. I found a few more loose papers of Mr. Warburton's on the committee-room floor, descended the ladder to take them across the way to the Church, when a policeman in the crowd arrested me, because I had in my possession the said papers, and took me to the station-house. I told the superintendent my name, and argued that my black face, my wet, muddy, and rent clothes, were almost sufficient to prove that I had worked in rescuing property. Upon giving my address a policeman asserted that I was not Mr. Dermott, for he well knew him personally. I again protested my identity, upon which the superintendent had the good sense to grant my acquittal. I returned to the flames, and worked at the pipes until about four in the morning, when the fire was evidently subdued; they came down the ladder, I followed; burnt, bruised, drenched with wet, as black as Diabolus, and persecuted withal, I got home at half-past four in the morning, but slept soundly, knowing that I had rendered a reforming government and the cause of reform "some service."

The next morning I took Dr. Somerville to show him where the papers were deposited in the church, and to assist him in dividing the medical from other papers. They were taken, during that day and the day following, in vans and coaches to his own house, where he has subjected them with great care to the very necessary process of drying, and in his custody I sup-

pose they will remain until the arrival of Mr. Warburton. Many medical returns, together with other papers which had been scattered in the confusion and hurry of the previous night, were found in the street by Dr. Somerville the next morning damming up the gutters.

The frequent occurrence of "*I*" in the above detail, to some may appear egotistical, but professing only to give a narrative of what came under my own personal observation, I offer the necessity of the case as my excuse.

I remain, Sir,
Your obedient servant,
G. D. DERMOTT.

Theatre of Anatomy, Gerrard-st., Soho,
October 19th, 1834.

THE LANCET.

London, Saturday, Oct. 25, 1834.

No sooner was the catastrophe of Thursday week announced, than the medical jobbers, schemers, and corruptionists, of every class, stamp, and grade, exulted in the charitable hope that the fruit of all the extraordinary labours and exertions of Mr. WARBURTON had been for ever destroyed. Exposed, defeated, and degraded as the medical monopolists have been by the exertions of the Parliamentary Committee, scouted as they are by all the enlightened members of the community, derided as they are by their victorious opponents the medical reformers, these avaricious charity-mongers have been instructed by a painful course of events that it is impossible for them to regain their once-elevated position, unless it be by the operation of some convulsion which is capable of defying the mind and will of man. In design, these hoary sinners have become as weak and puerile as children. At one period, when they were ever insisting on the purity of their motives,—on the "high-moral feeling" which regulated all their proceedings,—many were deceived by the ingenious veil which they wove and threw with industrious energy over the injuries which in midday they unceasingly inflicted on the medical practitioners of England. According to their treacherous statements, the University of Edinburgh, although it was long the first school of medicine in Europe, was "a mere pauperized grinding seminary," without reputation, and destitute of hospitals. At the same time, Oxford and Cambridge were eulogized as medical Universities, although they had no schools of medicine, and the words "medical science" could scarcely be heard during any term within the walls of one of their colleges.

But the fraudulent designs of the propagators of these scandalous misrepresentations were practised with a degree of success on which it is really painful to reflect. Still, the principle of reaction having been brought into operation, from the very circumstance that the parents and agents of monopoly could carry their nefarious practices no farther, the public will benefit by the institution of a new system of medical government, founded under all those advantageous circumstances which a full knowledge of the vilest practices of the most odious system that ever existed can by any possibility afford. The hauteur and insolence which characterized the collegiate and hospital factions when the question of medical reform was first mooted, have given place to a signally altered demeanour. The "Royal-Commission" scheme having utterly failed, and MR. WARBURTON'S plan of inquiry having proved thoroughly searching and successful, the outcast, crest-fallen monopolists listened with joy on Thursday sennight to the report that the committee rooms wherein had been deposited a great number of documents pertaining to the business of the medical committee, formed part and parcel of the

materials of a terrific conflagration. "Oh! "now we must renew *our* exertions, and "appeal to the THRONE for a *Royal Com-* "*mission*." Such, it is reported, was one of the exclamations of the intriguing President on hearing of the accident. A shrewd surmise was at the same time thrown out, "that as the expense of con- "ducting the inquiry before the medical "committee was considerable, *if* it should "so happen, *unfortunately* happen, that "the evidence was burnt, Government "might decline to incur a repetition of the "pecuniary outlay."

Alas! this Promethean revivification of the torpid and depressed panderers to corruption, was but the prelude to a new scene of disappointment and despondency, because they must have known, within twenty-four hours after the Houses of Parliament were destroyed, that the *medical* evidence was *not* consumed, and that almost all the papers in committee-rooms, 13, 14, and 15, which have been defaced, mislaid, or lost, in consequence of the fire, can be replaced, and at an inconsiderable cost. If the faction allege that no such intelligence has reached them, let them hear it now. But we strongly suspect that not one of the individuals who was interested in stifling an inquiry into medical abuses, is uninformed of the really unimportant nature of the accident, as far as relates to the national labours of the medical committee. That a loss has been sustained we know; but it is far from an irremediable one. The catastrophe will undoubtedly throw an additional burden on Mr. WARBURTON; but from the zeal and ability which that gentleman has shown in the cause of medical improvement, the accident we are called on to deplore will merely have the effect of stimulating him to make such efforts as will prevent the loss of a few documents from rendering the inquiry an incomplete proceeding.

With respect to the accident of Thursday week, as it related to the medical committee-rooms, we refer, with pleasure, to an interesting letter from Mr. DERMOTT, inserted at page 160 of our present number. From what has been stated to us by gentlemen who were present at the scene of destruction, Mr. DERMOTT has spoken very sparingly of the extent of his own exertions. It is due to that gentleman to state, that he acted not only with intrepidity but with forethought; and had it not been for his sagacity and resolution, the loss of documents by Mr. WARBURTON might have been extremely serious. If it should so happen that any copies of the evidence which was elicited *viva voce*, have been destroyed, other copies can, of course, be supplied from the notes of Mr. GURNEY, without incurring a renewal of the expense and trouble which must arise from a re-examination of witnesses.

So much then for the generous exultations of the HALFORD coterie. Many of the newspapers, we observe, are offering their condolences to the country on the loss which the nation has sustained by the destruction of the "ancient houses" of Parliament: never were sorrows more ill-timed or worse bestowed. As a "House of Parliament," the building which contained the Lords was bad enough, in all conscience, but the house in which the Commons met was literally a nuisance to the country,—a pest-house; and when it is recollected, that only in the last session, after it had been admitted that the place was so inconvenient that no account of the majorities and minorities could be taken in it for the information of the people, a motion merely for enlarging and improving the house was rejected with the approval of the ministry! Every man who is anxious for day-light legislation, who is desirous of witnessing the regular attendance of the independent members of the house, and who, more-

over, is anxious to witness the discomfiture of servile hacks and mercenary place-hunters, must rejoice that such a health-sacrificing, breath-contaminating, odious place, is no longer capable of inflicting additional injury on those noble-minded men who have striven night and day to render important services to their country. At the end of the late session of Parliament, there was scarcely one member who had discharged his duty to his constituents, who was not reduced to a state of ill-health amounting to serious bodily suffering.

It has been reported that Buckingham-palace is to be occupied by the two national assemblies until a new structure for their accommodation is erected. Is this spot selected in order that they may be placed in a purer atmosphere than the one they lately breathed? If so, we would advise that that salubrious place the Penitentiary should be chosen, or a half-covered tent surrounded by the ditches of Lambeth Marsh. When the sewers of Pimlico can discharge their contents into the Thames at high water, then, possibly, Buckingham-palace may be a suitable abode for other than web-footed animals.

After what we have just said, it is almost unnecessary for us to state that there will be no *interruption* in the publication of the LANCET EDITION of the PARLIAMENTARY MEDICAL EVIDENCE. No. 4 is published this day. This Evidence, we find, is read with an extraordinary degree of interest, and is producing just such effects as it ought to produce on the minds of all those independent practitioners by whom it has been examined. It will exhibit the most perfect view of the medical affairs of Great Britain, Ireland, and the Continent, that was ever presented to observation.

IN consequence of the decease of the venerable and much-respected Dr. STANGER, the Chair of Physic in the gift of the Gresham Committee has become vacant. Amongst the candidates stands Dr. JAMES COPLAND, an opponent who once waged against us an honourable literary warfare. Dr. COPLAND, we feel pleasure in stating, is a learned physician and an able practitioner, and the Gresham Committee would confer a benefit on the public by giving the chair to a man of his capabilities. Should the appointment be made a corporation job on this occasion, we hope the conditions and appropriation of the Gresham bequest will become the subject of investigation before Parliament. It is really scandalous to observe that donations which have frequently been made with no other view than that of improving the public mind should be perverted either to foolish, sensual, or corrupt purposes.

There are other candidates for this chair, and amongst them a CORMORANT of so huge a maw that it swallows five or six chairs at a meal. Dr. CLEMENT HUE is this strange being, and we are informed that he actually appended to the letter which he addressed to the Committee the following titles:—

"*Late Lecturer on Materia Medica at St. Bartholomew's Hospital.*
"*Lecturer on the Practice of Physic at St. Bartholomew's Hospital.*
"*Lecturer on Chemistry at St. Bartholomew's Hospital.*
"*Physician to St. Bartholomew's Hospital.*
"*Physician to the Foundling Hospital.*
"*Physician to Christ's Hospital.*
"*Registrar to the Vaccine Board.*"

In what way can the diffidence of such a bashful physician be adequately rewarded? Would it not be well for the profession to petition Parliament that Dr. HUE should receive, under the sanction of an Act of Parliament, the fees of *all* the medical offices of the metropolis, for the

term of his natural life. He ought, however, in such case to be restrained from canvassing for the medical offices attached to institutions in the country.

THE School of the Dublin College of Surgeons has just resolved on a diplomatic expedient, to which we find it necessary to give the trumpet of publicity. Pursued through all the windings of its devious policy, detected in its designs and deliberations, it now deems it prudent to make some slight alteration in the plan of its future defence—to give a new reading of an old part.

Several circumstances have conspired to render this course imperative. Having, as the College wishes it to be supposed, crushed the spirit of revolt against its authority at a recent meeting of the College by a packed majority, and finding the period for the election of officers for the ensuing year fast approaching, it has turned its serious attention to the security of its present power, and the removal of those pretences of discontent, which have for some time back proved so troublesome to its repose.

For the accomplishment of these desirable objects it has been unanimously decreed in the Conclave of Kildare Street and Stephen's Green, that all objectionable persons holding situations in the College, are to be forthwith ejected, and their places filled by more submissive and manageable individuals. These new tools, however, it is understood, are not to be selected from the fury-edged stock of the School, but from a different quarter, in which temper and a certain degree of elasticity are the qualities most manifested.

It is in this department of the Institution, in which the profession of liberality is the only approach made to its practice, that Mr. CUSACK expects to find fitting instruments for the execution of his new project. From this equivocal source he hopes to be able to get up a sort of political "scape-goat," which will have the magical effect of not only removing the recollection of all the wrongs which he and his associates have committed for the last twelve months; but also of furnishing them with a sort of "plenary indulgence" for the perpetration of as many more crimes for as many months to come.

It will, however, be at once perceived, even from the short space which we can devote to this scheme, that it is, like all its predecessors, conceived in guilt and begotten of fear; and that it is likely to share the fate of those which have gone before it. It is scarcely possible, indeed, that, even in the present degraded condition of the College, the production of parents so feeble and vitiated as this plan proclaims its authors to be, should ever come to maturity, or ripen into effect. There are many other reasons, however, besides these, for entertaining this opinion. Among these, the coupling of Mr. CRAMPTON'S name with the proposal to inflict another year of misrule and insult on the members, licentiates, and students of the College, appears to us, at present, not one of the least. Mr. CRAMPTON, however, is the gentleman whom the School intends to honour at the next election, by making him the head of the "scape-goat," and giving him a Mr. MAURICE COLLES for a tail. They are to be the President and Vice-President, the intermediate links in the chain being formed out of materials selected on the same principle.

But, in one word, will Mr. CRAMPTON consent to become the cat's-paw of CUSACK and CAMPBELL, of JACOB and of HART, and a long list of other creatures who pullulate on the ruin of an Institution, of which Mr. CRAMPTON is one of the few ornaments, and which, we believe, he still respects? We hope not; and we must

remind him in a few words of the grounds of our faith.

In the first place, we conceive that the quality of Mr. CRAMPTON's mind must raise him above the littleness of holding any opinions in common with these men; and leave him without sympathy for the pernicious struggles of a party which aims solely at its own selfish aggrandizement. Mr. CRAMPTON has, besides, repeatedly expressed his unqualified disapprobation of the proceedings of the faction which now for the basest purposes endeavours to make him the living traducer of his own opinions and reputation.

Omitting, however, all consideration of the influence which personal grounds of this kind would be likely to exercise on a man of Mr. CRAMPTON's feelings and intellect, there are many other powerful reasons which should induce him to reject at once the disgraceful proposal. In the struggle which has been going on in the College for some time, he has taken no part whatever; to the progress which he has made towards the reformation of that body he has contributed nothing—not as much as his presence or his vote. He saw a few men there, endeavouring, day after day, to place the Institution in a state worthy of its members; and bearing with patience a torrent of ruffianism and vituperation in the discharge of their duties, with which the slang and scurrility of Billingsgate were scarcely comparable. Even when his own apprentice, Mr. BYRNE, whose interests he was bound to protect, was the subject of a portion of this species of persecution, and was black-balled by the faction, Mr. CRAMPTON did not appear to protest against a system which he openly condemns. The only occasions, indeed, on which he favoured the College with his presence for some time were those periods when the duty would be "more honoured in the breach than the observance." He was there, indeed, when a sum of money was voted out of the College funds for the widow Henthorn; and he also paid the establishment another "angel-visit," when an attempt was made to get up a political *dejeune* in compliment to the Marquis WELLESLEY.

After so marked a neglect of the concerns of the Institution, interrupted only by an interference which was as reprehensible as it was partial, is it decent, is it consistent, in Mr. CRAMPTON to come in "at the eleventh hour," not to render any efficient aid to the party whose principles he professes, but to burden them with an assistance which they have neither sought nor required? Under such circumstances the duty imposed on him by his selfish task-masters could be looked on in no other light, by the enlightened and liberal members of the profession, than the grossest treachery and abandonment of principle.

But admitting, that by violating his own feelings, and contradicting by his conduct his own professions (suppositions which we are far from assuming as probable), he succeeds in reconciling the execution of this debasing project to his better judgment; how is he to overcome the difficulties with which the acceptance of the President's chair is surrounded? He cannot, we presume, be ignorant that the Vice-President succeeds, as a matter of course, to the President's situation: seldom as he visits the College, he must know enough of its customs to be aware that that arrangement has been the invariable usage of the Institution. Neither need we remind him that the office of Vice-President is at this moment filled by a man who in moral or professional worth has no superior in the medical profession in Ireland; and that it is for the exercise of those virtues and abilities which so eminently distinguish him from the faction, that Mr. CRAMPTON has been called in as a sort of official executioner, to deprive him

of an honour to which he is in every respect entitled. Will Mr. CRAMPTON, then, we ask, become a party to a factious atrocity of this kind? Will he become the vile instrument of so shameless an act of injustice? Will he, in the face of the medical world, and in defiance of his own declarations, presume to sit in that chair, polluted as it must be by its ignominious preparation for his reception? No: we cannot believe that he will accept the abominable and insulting proposition of CUSACK and Company. Should he do so, then indeed we shall consider ourselves absolved from those obligations which a respect for his character has justly imposed on us, and shall deal with him, thenceforth, according to his deserts.

THE correspondent who supplied us with the historical and descriptive account of the *acarus scabiei*, which we lately published, described the feelings which its detection by M. RENUCCI had occasioned at the hospital of *St. Louis* by the term "delirium." A "delirium of joy," he informed us in his manuscript, filled the hospital on that occasion. Doubting that so enthusiastic a phrase was rigidly correct, we were induced to modify the expression. Our correspondent, however, we have since learnt, did not trespass on the domain of poetry in his description. The devotees of medicine at *St. Louis* were warmed into a state of delight, exceeding, by a hundred fold, the temperature which the frigid atmosphere of any English hospital ever permits to be kindled in the breasts of its frequenters. The excitement, too, was contagious. It spread throughout the entire medical field of the capital, and for at least a month this petty insect created a tumult as uproarious beyond the walls of its new birth, and especially in the two learned academies of science and medicine, as did the apparition of STERNE's big-nosed drummer amongst the good women of Strasbourg. Everybody asked his neighbour, "Have you seen it?" The itch, in short, was all the rage in Paris, and the filthiest of pediculi became a "lion."

The controversy respecting this animal has long divided the opinions of observers, and in all probability the question will be again opened before the lapse of half a century, and the existence or non-existence of the acarus scabiei be as lively debated as ever. Such is generally the result when much noise is made about a discovery from which useful or practical deductions cannot be drawn.

The hospital *St. Louis* affords an immense theatre for the study of diseases of the skin, and particularly of the itch, as all the itch-patients of Paris and its environs are exclusively treated at that hospital. In the year 1812, M. GALES, head apothecary, conceived the idea of submitting to experience the observations of foreign pathologists on the nature of the itch, and after many experiments, succeeded in extracting and designing an insect which every one in France considered as the true acarus. The doctrine prevailed for fifteen years, when M. RASPAIL demonstrated beyond doubt that the figure of M. GALES was nothing more or less than the acarus of common cheese, and it now appears that this unlucky mistake arose from some physicians having at the time demanded cheese and old flour to compare their insects with the one extracted, when the artist collected all together on a watch-glass, and unfortunately stumbled on the wrong one, which he designed.

The discovery of M. RASPAIL in 1829 reopened the controversy on the existence of the acarus in itch; Baron ALIBERT was a warm supporter of the insect; on the other hand, M. LUGOL, also a physician of *St. Louis*, having, as he says, vainly challenged the Baron twenty times and upwards to "produce the beast," offered a reward of 300 francs to any pupil who would show it to him.

Such was the state of things until August 1834, when M. RENUCCI extracted the insect from an itch-patient at *St. Louis*, in the presence of MM. LUGOL, ALIBERT, and others, and gained the proposed reward, with the addition of a good dinner from the loser—much more probably than the acarus was worth.

This is the history in brief of the life and death of the acarus scabei. The Academy of Sciences should now endeavour to find more useful subjects upon which to exercise the talent and learning of its members, and be content with the laborious report of M. De Blainville on the communications recently delivered relative to the *ciron de la gale*. In this the learned reporter commences with Aristotle, although the only information he has thence drawn is, that "the smallest of all animals, called the acarus, is engendered in old cheese." From Aristotle he descends through the Arabic physicians, and shows that Scaliger in 1757 speaks clearly of the insect; that it was well known in the commencement of the seventeenth century; and, finally, that Mauffet, near the latter end of the same century, distinctly pointed out that the insect should be sought, not in the vesicle, but near it, and this latter circumstance constitutes the whole of M. Renucci's claim to discovery.

We might, however, claim a similar honour for an English physician, who clearly points out the existence of the acarus in the fissure close to the vesicle, and not in the vesicle itself, as Bononio and most others assert. In the work of J. Adams on Morbid Poisons, p. 299, we find mention made of "a red, and, as it appears by the microscope, a somewhat knotty, line issuing from the vesicle, at the end of which (and it is about a quarter of a line long) is observed a reddish elevation, appearing dry and solid." This is the seat of the acarus.

M. De Blainville has examined with care Aristotle, the Greek, Arabian, and Italian writers, the Dictionary de la Crusca, the poet Burchelli, and a whole tribe of other "jaleux," but he has completely forgotten the work of the English physician.

When our continental brethren *do* get hold of a lion, they treat him as the most magnificent of beasts. They cannot make enough of him. Every mother's son of them falls down before the animal, and a white elephant in the East is not half so worshipful as a white lion in Paris. As we have above noticed, for the last few weeks the lion of the day there was the *acarus scabiei*. Now the little insect is completely eclipsed by the interference of a ponderous man, — no less an one than Sir Astley Cooper, who has been visited, fêted, and shown about in the French capital in a rare manner, and who cannot quit it without retaining the most lively impressions relative to his reception and glorification. We mention this, not as something which is not due to the baronet, but because it gives us an opportunity of contrasting the manner in which a medical man (whether a distinguished professor, or an humble follower of science) is received by his confrères in Paris, and the readiness with which every source of knowledge is thrown open to his examination, with the cold reserve and neglect he is likely to meet in London.

There can be no difficulty experienced in the attempt to account for this difference. Our hospitals are manors, and our museums are preserves; and every man who is not either an agent or a keeper, or who has failed to take out a "certificate" for a year or six months' perambulation, is regarded by the functionaries as a trespasser on the property. Not so much, however, that any fear is entertained of his carrying off game from either of the estates, but dread of the discovery of how much is going to rot there.

The effect of this, as regards medical foreigners, spreads beyond the pale of our public institutions. The accidents of birth and fortune have in this country elevated some so far above the heads of their compeers, that it is only by the greatest exertions that the mass, who are totally unaided by adventitious circumstances, can keep station in the profession; consequently they have little time to devote to purely scientific pursuits, and the exclusive possession of that which has resulted from their studies, is too valuable to allow them to think of sharing it with others. The common custom thus makes them niggard of exhibitions to, or professional converse with, foreigners; and between the fear of exposing ignorance,

and communicating knowledge, continental physicians who visit London, return with very contemptuous feelings of English professional courtesy and acquirements. Perhaps, if recommended by high professional rank, they have a chance of coming in contact with the "heads" of the profession at home, or of being shown, if the month is February or March, at one of Sir HENRY HALFORD'S annual meetings; but very little encouragement will they receive if they evince an anxiety to inspect wards or museums, save in the most cursory manner. We remember, about two years ago, a professor of a foreign university being presented by one of our metropolitan surgeons, to the senior-surgeon of an hospital in the Borough. During the "visit," the surgical host of the institution made an inclination which was designed for a bow, but after that intimation took not the slightest further notice of the stranger, whose astonishment was proportionate to the rudeness and neglect. Often, indeed, have we seen foreign physicians, who came *unrecommended* to our hospitals, depart with scarcely an *adieu* from the very functionary whom they had spent a portion of their time in the wards in instructing in continental processes in the healing art. English physicians obtain far different receptions in Paris, Berlin, or Vienna, where every facility is afforded to strangers for pursuing the various branches of the science. A French surgeon, in fact, takes the greatest pride in laying open to his foreign brethren all the sources of useful information which he may peculiarly possess. Examples of this laudable anxiety are constantly occurring in Paris, apart from all personal or selfish considerations. We need not go far back for instances of this. Thus an English gentleman in Paris, who, during the last two years, has devoted himself with unremitting industry to the anatomy &c. of hernia, not only was accorded the protection of the council-general of hospitals in doing so, but also received an immense number of subjects affected with hernia, through the kindness of the surgeons attached to the hospital of *La Pitié*. Again, the moment M. HEINE, whose osteotome we last week described, presented himself in Paris, his saw was employed at the hospitals of *La Charité*, *La Pitié*, and the *Venereal*; and a professor of ophthalmology devotes a certain portion of two days in the week to demonstrate the action of the saw, and show the pathological pieces resulting from the experiments of the inventor, to any medical man who may favour him with a visit. M. HERISSON, also the inventor of the sphygmometer, is, we are told, always ready to explain the action and uses of his instrument to all his foreign and indigenous brethren. But the professional atmosphere of England is rendered so chilling by the freezing temperature of its icy hospitals, that when a foreigner habitates himself in this kingdom, who, in his own country, may have been the most liberal of men, he speedily cools down to the British standard, despite the warmth that once filled his own breast. Thus, for example, a set of lithotriptic instruments was sold to the surgeons of one of our country hospitals by Baron HEURTELOUP, only on the express condition that they should be kept from the examination of all persons but those who formed the medical staff of the institution.

Finally, to return to the individual point from which we started, let us mention that on occasion of a visit made by Sir A. COOPER, M. DIEFFENBACH, Professor REGNOLI of Pisa, and several other foreign medical men, on Thursday week, to M. AMUSSAT, that gentleman explained in the most full and ample manner to his learned auditory the ingenious and peculiar ideas which he entertains on the causes of retention of urine, stricture, and diseases of the prostate gland, and demonstrated the various instruments which he has designed for the cure of the latter affections.

We add, as a piece of news, that at the termination of M. AMUSSAT'S discourse, a discussion took place between Sir ASTLEY, M. DIEFFENBACH, and several other surgeons, on a position laid down by the speaker, which they considered to be erroneous—viz. "that whenever the organic structure of the urethra is sound, a catheter may be passed in with very little difficulty, the supposed muscular spasm of authors not having an existence." Sir A. COOPER affirmed that he had often observed an impediment to the

introduction of the catheter, arising from this spasmodic contraction, in cases where the urethra was perfectly healthy; and M. DIEFFENBACH quoted a striking fact of a case in which he had passed the catheter without the slightest pain or opposition; but on wishing to withdraw it, he found it impossible to do so. In a few minutes the instrument dropped out of the bladder by its own weight.

SYPHILITIC TUBERCLES OF THE BRAIN.—At a late meeting of the Society of Foreign Physicians, M. RICORD, of the Venereal Hospital, announced an observation which he had made of syphilitic tubercles in the brain, exactly similar to the subcutaneous tubercles found in persons affected with the venereal disease, and engaged the members to make further researches on the subject.

An Inquiry into the Principles and Practice of Medicine. By G. C. HOLLAND, M.D. Vol. I., pp. 540.

WE lately introduced this book to notice with a few words which were designed to be preliminary to an analysis of the facts and views contained within its pages, by way of record, on our part, of the additions made in it to our knowledge of medical science; and we now enact the part of faithful journalists (not as regards the literature of medicine at all times possible), and register such a condensation of the volume as will accomplish the purpose we have in view.

We have already said that Dr. HOLLAND commences by reviewing the doctrines of several previous theorists. The facts which they quote will not bear out the theories built on them. He avers that the physiological proems of MASON GOOD have no relation to the evidence thereto subjoined. BROUSSAIS refers all doubters of his views on gastro-enterite to pain on pressure of the epigastric region and its relief by leeches, or to the morbid state of the inculpated viscera,—CLUTTERBUCK points to the brain when patients die from fever,—SWAN alleges proofs that mercury effects its purpose through the ganglionic nerves,—and ABERNETHY cites the stomach as the seat of sympathetic action in disease,—all (the author says) with unwarrantable application of the cases adduced by them. The effects which they declare to be produced by diseases undoubtedly exist, but they neither invariably occur, nor are confined to the particular organs which alone are said to be disordered. It is palpable enough, that only one out of half a dozen or half a hundred theories can be right, and perhaps not that one; yet may the facts of each be justly noted. The most unprejudiced observer of the mass, and the clearest thinker, will be the most likely to prove the father of the truth when raising theories upon them. And why so many wrong? Not, says Dr. HOLLAND, because what is studied is inscrutable, but because so much ignorance of general laws prevails,—of animal heat, of the circulation, the secretions, and the nervous system. Since his "Experimental Inquiry" was published, the Doctor thinks that emotions of the mind are better estimated by the profession as causes of disease or sudden death. In that work it was shown, that mental shocks tend to congest internal organs with feebly oxygenated blood; and in this work losses of balance in the circulation, and of vitality in the fluid, are established as data in the author's doctrines of disease. Thence the whole system is more or less affected, and the particular organ most disordered will be that which exerts the greater influence on the whole system,—the lungs, or the liver, for instance,—climate, habits, constitution, or temperament, probably determining which organ it shall be.

The first topic, directly germane to his theory, which occupies the attention of the author, is the propelling power of the heart, whose action is, he says, much influenced by very many remedies which are prescribed for disease, simply because their effects on the economy are known to be remedial, though their mode and primary point of operation have hitherto been subjects of ignorance. This position being gratuitously assumed, the author prefaces with an "if" the first line of the subjoined sentence, which, to make very clear apart from the context, we shall reword:—

If the benefit derived in certain diseases can be traced to the action of certain remedial agents on the heart and capillaries, a knowledge of the capacity of those agents to produce an effect in those parts will influence, to a considerable extent, the practitioner's selection and application of remedial measures. The contractions of the heart are influenced by whatever affects the distribution of the blood, disturbs its balance, and concentrates more blood in one organ of the body than is due to that organ, while errors in its distribution are modified or produced by disturbance of the respiratory organs, whether that disturbance arise from coughing, vomiting, nausea, sighing, laughing, or speaking;—by stimulants and sedatives (the latter not acting *directly* on the heart), injury of the cerebrum, obstacles to the circulation, bleeding, purgatives, the removal of pressure from the abdominal and thoracic viscera, &c.

Conviction on these points is calculated to give to medicine so much certainty as almost to render it an exact science.

Now whatever alters the contractions of the heart, will accelerate or retard the passage of the blood through the lungs, and hinder it from being duly oxygenated. Thence comes disease. Why and how changes in the properties and distribution of the blood produce general or local disorder, is a question which the author urges upon physiologists, in a chapter which he devotes to an exposition of the mode in which physiology may materially aid the practice of medicine. This chapter ends with an argument on the opinion, adopted by the author, that numerous sympathetic affections which have been ascribed to the action of the nerves, are due to derangements of the sanguiferous system,—an opinion which it must already be clear to the reader the author is, in consistence, bound to maintain.

The causes of disease being thus considered, the examination of its effects is commenced, and pneumonia is the first ensample chosen, and here causes and effects are discussed in juxta-position. The causes of pneumonia are external and internal, exciting or depressing,—the external and exciting causes seldom being the direct means of producing inflammation, but, rather, the predisposing,—occasioning excitement of the system, and thus rendering it especially susceptible of the mal-action of internal causes of inflammation. At least *this* fact, the author says, is indisputable, that the disease results from changes in the sanguiferous system. The blood is altered in quality, and unduly distributed, and vents this double disturbance through the medium of the lungs in those persons whose constitution renders the lungs the predominant organ in influence over the frame, every stage of disease in the respiratory organs being characterized by congestion. "The fever which "accompanies pneumonia is at one time "purely inflammatory, at another typhoid, "and all the diversities it exhibits are attri- "butable to circumstances which promote "the greater or less oxygenation of the "blood." From this sentence and the previous analysis, the conclusion must be drawn, that the author regards *inflammation* to be the effect of ill-oxygenated blood; *congestion*, the result of its undue distribution. To complete this exposition, he adverts briefly to the treatment of pneumonia. Let the physician, he says, first consider the stage of the disease,—the extent to which the vital powers are affected by it. In every stage the chief object should be to equalize the distribution of the blood, and re-establish its healthy oxygenation. How? In the first stage employ bleeding, tartar emetic, and diaphoretics. The morbid differences in the second stage demand a considerable modification of these. In the yet later stages, the active application of some alone of these remedies "may be advisable." The accordance of principle and practice in this he promises to make manifest subsequently.

The mucous membrane supplies the next subject of illustration. As organs are remote or near the heart, so is the circulation in them vigorous or not, although the quality of their blood is all alike, and the closer any part of the mucous membrane is to the heart, the less liable is its circulation to be disturbed by causes of depression, while, when disordered, the attack is more often acute than chronic in character. Here we shall extract two passages entire, as condensation of them is not easy. Moreover, Dr. HOLLAND regards them as especially important in his argument, and the reader may be glad of an opportunity of judging for himself

what are the style and powers of the author as a writer:—

"It is, also, worthy of observation, that chronic diseases of the mucous membrane in the immediate vicinity of the heart, are often the consequences of an acute affection, whereas chronic diseases remotely situated from this organ, are frequently chronic from the commencement. The justness of these remarks might be illustrated by a reference to the several diseases usually found to attack the mucous membrane of thoracic and abdominal organs. Those of the former (the thoracic) at an early age, and in vigorous constitutions at every period of life, are mostly the former at an early age, and, in vigorous constitutions at every period of life, acute. Those of the latter (the abdominal) are more generally chronic. It may, perhaps, be supposed that these differences are attributable to the peculiar functions performed by the mucous membrane, and not to those differences in the conditions of the several parts of the sanguiferous system, to which my observations almost altogether apply. That the functions of this membrane are very dissimilar in their nature, is evident; it will, however, appear, on mature consideration, that the different degrees of vital action which they possess (without making any reference here to the ends which are accomplished by that action) *depend on the more or less vascular state of the organs to which they belong: or, in other words, on the quantity and quality of the blood distributed to them.* A vigorous condition of the sanguiferous system is found to exist to the greatest extent in divisions of the mucous membrane the nearest the heart, and to the smallest extent in those the most remote from it, facts which strongly corroborate the arguments previously used. The different divisions of the mucous membrane are liable to be affected by a circumstance which has not yet been stated, the influence of which, however, ought to be clearly understood and fully appreciated, in order to perceive the justness of the reasoning I have employed. It may, perhaps, be affirmed as an objection to the correctness of my remarks, that the mucous membrane of the trachea is frequently the seat of chronic disease; this, however, though an undoubted fact, does not invalidate the principles which I have laid down.

"*Several divisions of the mucous membrane are extremely liable to be disordered from their immediate vicinity to certain organs.* The liver and the spleen are very often congested long before any general changes of structure occur in the animal frame, or in the particular organs, but this derangement tends to produce such changes in the alimentary canal, in consequence of the circulation throughout the chylopoietic viscera being disturbed, or its existing disorder aggravated, by the derangement of the aforesaid organs. *Congestion of the liver and spleen will undoubtedly exercise considerable influence on the circulatory functions of contiguous organs, and it is equally probable, that a morbid condition of the lungs will exert a similar influence on the mucous membrane of the respiratory apparatus.* These are circumstances which must be duly considered, in conjunction with the observations already made, respecting the modifications in the nature and seat of diseases of the mucous membrane, caused by its situation being immediately contiguous to, or widely remote from, the heart, as they undoubtedly exercise influence on the powers of the sanguiferous system. The farther the circulation is from the heart, the greater is the facility with which its motion is impeded by depressing causes acting within or from without the body, because the propulsive power of the heart operating from behind, is not sufficiently strong to overcome the influence of impediments to the free distribution of the blood. The knowledge of this simple fact will go far towards explaining numerous phenomena hitherto not at all understood, and will thus be found of great practical utility."

Directly after the passages we have extracted, Dr. HOLLAND reviews some opinions which seem to militate against his doctrine, and explains certain facts and circumstances according to his theory. Thus, mental emotions, he says, are often followed by a morbid condition of the mucous membrane. This, say many distinguished physicians, proves that the direct influence of the brain is in action. Dr. HOLLAND ascribes it to the existence of a sanguiferous sympathy between the organs disordered and the circulatory system, and contends that the former view is imperfect, inasmuch as it leaves unexplained the changes which occur between the first symptom produced (by fear, for for instance) on the brain, and the aggravation of disease, say in the stomach. —Again, writers assert, that when cold arrests cutaneous perspiration, the resulting derangement of the bowels is a process set up by nature to supply the diminished secretion at the external surface. Dr. HOLLAND says, No; the circulation being

checked at the surface, the blood is thrown within, in undue quantity, and the capillaries of the mucous membrane are thus congested, and act profusely.—Purgatives stimulate the superficial capillaries, they receive an excess of blood from congested organs, the chemical changes in the lungs are facilitated, and health is restored.—Sedentary pursuits are injurious to the health, because they prevent the necessary oxygenation and equal distribution of the blood.—Indigestion coexistent with defection in the uterine functions originates in, and is continued by, irregularities in the sanguiferous system, an opinion which is founded upon "accurate and extensive observation" on the part of the author, "and is confirmed "by the fact, that the measures which "almost immediately remove those irre-"gularities are by far the most efficient in "the restoration of health." The symptoms and diseases recorded by ABERNETHY, in his work on "local disorders," were almost all of them treated successfully with the blue pill, simple aperients, and a strict attention to diet, "each of "which is capable of effecting important "changes in the qualities and disposition "of the blood." Finally, pain, acute and prolonged, said to occasion death "by ex-"hausting the nervous energy, or by "directly affecting the structure of an "organ," Dr. HOLLAND considers to occasion death by the production of changes in the respiratory functions, "by which "those functions are either arrested or "disturbed."

A dissertation on congestion, and chronic and acute inflammation, occupies a large portion of this part of the volume. The author has also here some remarks on the object and mode of conducting post-mortems; an interesting topic treads on its heels,—What proof will remedial agents, administered in accordance with the foregoing positions, afford of their truth?

The agents which he names as accordant with a desire to subjugate the errors of the blood in disease are, bleeding, emetics, purgatives, diaphoretics, and internal and external stimulants; but as they are all of them successful in the hands of practitioners, and their action on the heart and lungs cannot be in each instance the same, by what rule shall we know which is the fittest in a particular case? Venesection will especially correct the derangement of fever and excitement,—but how? Is it from the profuse perspiration which often ensues, or the improvement of the internal secretions? It takes from the system no noxious qualities, and as other remedies will subdue inflammation almost as soon as bleeding, how shall we know when venesection will do so the most effectually? The buffy coat is the most frequent guide just as its absence also is frequently presumed to indicate that bleeding should not be practised. The rule, as Dr. HOLLAND observes, is a false one.

The buffiness arises "from the extensive chemical changes which it undergoes in the lungs, and the absence of this colour, or an entirely different appearance of it, must," says Dr. Holland, "be attributed to a less degree of chemical action, and can only be allowed to influence the application of remedial measures when the causes of its production are clearly known. * * * * * Inflammation occurring in an extremely debilitated constitution may occasion a highly buffy state of the blood, merely because it disturbs, to a considerable extent, *the functions of the lungs*; in which case, the abstraction of a large quantity of blood would perhaps be greatly detrimental." The phenomena and treatment of delirium tremens, he says, "afford abundant evidence of the truth of this opinion."

Blood acquires a buffy character by the unnatural frequency of its passage through the lungs, the buffy condition being proportionate to the chemical changes there produced in it. Constant motion of the body, almost incessant talking, and accelerated circulation, are phenomena characteristic of delirium tremens. The connexion between cause and effect need not be further defined. But excessive chemical changes of the blood in the lungs may be produced by its too frequent exposure in that organ in other diseases besides delirium tremens, and in diseases in which other symptoms than its buffiness indicate bleeding. The too violent action of the heart and circulatory apparatus causes the extensive chemical changes in the blood in delirium tremens, wherefore sedatives, not a withdrawal of blood, must be employed. Over-

oxygenated blood will thus be prevented from increasing the excitement of the cerebral functions.

In like manner Dr. HOLLAND bends to his doctrine the action of emetics, internal stimulants, diaphoretics, and bathe-ing, but in this volume presents us only with outlines of his views thereon. He, subsequently, enters upon some branches of inquiry which are of a very large and general nature, but these we shall avoid in our present article; for although highly important subjects of investigation, yet they do not supply us with those new and obvious facts or arguments which we should now be seeking in further support or exposition of the doctrines propounded in this analysis. The chapters to which we allude, treat of the influence of climate, habits, and temperament, in the production and character of disease, and the manner in which a knowledge of that influence should modify the treatment. They contain excellent remarks, however, for the most part illustrating the propriety of that line of conduct which the reflections and discoveries of later years have tended to establish amongst judicious practitioners. His descriptions of the various temperaments are exceedingly faithful; they are from the life; but, considering the confidence which the author evidently feels in the truth of his "principles" for guiding the practice of medicine,—the decided manner in which he has condemned those who have explained the effects of disease on other "principles,"—and his unhesitating mode of expression when elucidating his own views in some parts of the book,—considering these things, we feel surprised at the following sentence near the close of his remarks on temperament:—

"On the treatment proper to be used in these different cases, it becomes me to speak with diffidence, as my own experience has been too limited to authorize any positive directions."

The succeeding chapter of the work forms an essay on "the connexion which necessarily exists between the powers of organic life," in which the common doctrine of nervous sympathy is attacked by a charge that it has been erected in great ignorance of the functions of the nervous system; and is contrasted with the sanguiferous theory, to the manifest disadvantage of the former.

The blood, says the author, is the source of all secretions; and a derangement in its properties must universally debase the secretions. Respiration is the first and most important of organic functions. Disturb that process, and the blood is instantly deranged, and, as it circulates, affects those organs, the involvement of which in disease has hitherto been "absurdly and fallaciously" ascribed to sympathetic action. Nothing can be plainer than this course of argument?

"Whether," says Dr. Holland, "the deterioration in the qualities of the blood succeeds the action of *external agents*, the occurrence of *depressing emotions*, the infliction of *injuries on the brain*, or the production of *impediments to the circulation* in the heart or lungs, it is to be traced to *alterations* in the quantity of the vital fluid submitted at any one moment to *the action of the inspired air*, for these various causes are all capable of disordering the natural relations existing between the proportion of blood in the lungs and the atmospheric air which is inhaled.

"The modifications in the properties and distribution of the blood cannot, however, be justly ascribed to the derangement of the respiratory function solely, when that derangement is of long continuance, since, in that case, they are partly produced *by disease of the different organs which contribute, either directly or indirectly, to the production of chyle:* for if this fluid be deficient in its ordinary nourishing qualities, the arterial blood will necessarily experience a deterioration, although the conditions of the respiratory organs, essential to the chemical changes of the blood, may at the same time be only slightly affected."

This paragraph closes in page 302: the volume extends to 540 pages; and it is manifest to us at this point that we cannot do justice to it in the space which we can this week devote to the remainder of the review.

A Treatise on the Diseases of the Chest, and on Mediate Auscultation. By R. T. H. LAENNEC, M.D., &c. Translated from the French, by JOHN FORBES, M.D., &c. Fourth edition. London: Renshaw, 1834. 8vo. pp. 675, with plates.

THE literature of medicine presents us with few more useful books, and none more interesting, than the volume of LAENNEC. That it has been deemed such in this country, the fact that the translation of the work by Dr. FORBES has arrived at a fourth edition, is a satisfactory proof. It is true, that numerous reprints are sometimes made of the greatest rubbish that was ever penned, but this is only the case with petty works prepared for the market to which novices in the profession have, unfortunately, been compelled to flock. That sweetest line, to booksellers and authors, in title-pages, which indicates that books have passed the rubicon of one edition, rarely takes rank therein in worthless medical volumes.

Though always rejoiced to find deserving works attain the distinction to which we refer, we have ever also entertained an opinion that a measure of reform was demanded in this item of literary events. When three editions of a work have been sold, it is fair to suppose that at least three thousand persons have possessed themselves of copies of the book. A fourth comes out, "considerably enlarged and "improved, with many additional notes." As we quote this sentence from the edition before us, let us pursue our illustration with an instance so much in point; for by doing so we shall also at once make known the new merits of Dr. FORBES's "Translation," (each merit, though, we fear an aggravation of the case,) and serve to manifest a certain defalcation from strict justice between authors, or publishers, and purchasers, which it is our purpose to notice.

"In once more presenting the great work of Laennec to the members of the medical profession in this country," says Dr. Forbes, in the Preface to the new Edition, "it is gratifying to me to be able to state that they will, in my opinion, find it very considerably improved in this the fourth edition. The text is enlarged by the addition of numerous short passages, and several entire cases, not translated in the former editions, while the style of the whole has been carefully examined, and altered where it seemed to require amendment."

Now, the additional polish which has been given to the style cannot by any contrivance be made to brighten the pages of editions one, two, and three, but what may "the three thousand" not be justly allowed to say, who possess not one of the "numerous short passages" of the "several entire cases," of the "improvements (alluded to in another part of the preface) "which have been recorded during the six years which have elapsed since the publication of the last edition," nor one of the various interesting "pathological and practical notes appended from Dr. M. LAENNEC's last edition of his cousin's treatise," and who cannot have them for less than the price of the new edition? We will tell those whom it may concern what at least former purchasers will think, and what they are likely to think, on all such occasions. "It is quite right that a new edition, with every improvement, should be brought out as soon as the previous copies are all sold: it would be culpable to withhold the work from the possession of any one who does not already possess it, by neglecting to reprint it; but the new matter ought to be collected into an appendix, and offered for sale in the form of a half-crown pamphlet, to those who have purchased the former editions?" There is evidence sufficient afforded by the previous diffusion of the work to prove that this would be both a profitable and an honourable transaction to those who are afforded the opportunity of adopting it. The suggestion has once before been made with regard to medical works, in this Journal, and was acted on in one instance.

A chief quality that was demanded of the editor in preparing a new edition of this work for the press, namely, industry, Dr. FORBES possesses and has employed in an eminent degree, and in the original translation he was occupied on a task which was unquestionably well calculated to form his judgment on thoracic diseases, and render him competent to continue to prepare new editions of the work so long as they should continue to be demanded.

The Elements of Anatomy. By JONES QUAIN, M.D., Prof. of Anat. and Phys. in the Univ. of London. Third edition, revised and enlarged. London: J. Taylor, 1834. 8vo. pp. 870.

THE copious and easy mode of expression which distinguishes this volume will always render it a most popular elementary work. Our opinion of its correctness has already been twice recorded. It has reached a third edition, and has come anew from the hands of its worthy and able author,—hardly with a nearer approach to perfection, for the facts disclosed by anatomists since it was last reprinted are too few to make any figure in the new edition, if we except the discoveries in the liver made by Mr. KIERNAN (the result of whose labours we shall shortly record with effect in our pages), and the demonstrations of the nerves which are exhibited in the quarto work of Mr. SWAN. The researches of both these gentlemen are embodied in this edition. If we remember rightly, the facts newly made known by Sir ASTLEY COOPER respecting the structure of the thymus gland, and of Mr. TOD in that of the ear, were open to reference before the second edition of Dr. Quain's "Elements" was published. The nature of the work prevents the remarks we have made in noticing the work which heads the preceding article from bearing with the same degree of force on the new edition of the volume now before us.

HYDE-PARK CORNER.

DOCTOR RODERICK MACLEOD has received more kicks than halfpence since he was translated from the Quack Asylum at Lisson Grove to the Hospital of Wonders. Very soon after he arrived there, Dr. JOHNSON found occasion to apply his toe to the new comer (earnestly); then young Mr. JOHNSON gave him a kick (timidly); then he got a sad kick from Mr. TUCKER (accidentally); then his quondam crony GREGORY lifted a leg against him (sideways). Two or three rival lecturers are preparing similar indignities (determinately), and now RODERICK and Sir BENJAMIN are about to be either kicked or "cut" by four of their colleagues in the association of lecturers, of which RODERICK forms a direct unit, and Sir BENJAMIN one indirect. The prospectus of the *St. George's* School, drawn up this season by Dr. MACLEOD and Mr. HAWKINS, was much clipped of its proportions. It will have to be clipped much more. The publicity lately given by us to the rumour of a new school at Pimlico (to be established purely "pro bono *Pimlico*"), has brought matters in that quarter to open rupture. By the agreement under which the school was originally established, all the lecturers, and all the medical and surgical officers of the hospital, were to form a managing committee for conducting its affairs. Notwithstanding this, however, Mr. STONE and Dr. HENRY DAVIES were, until within a very short time since, totally ignorant of the whole internal machinery of the establishment, never having taken any part in its management. Late circumstances have produced a meeting of all the officers connected with the school, when Dr. WILSON related the entire history of the school, from the period of its translation from Windmill Street to the present time, and concluded by announcing his retirement from the hospital association of lecturers, in order to devote himself solely to his school of anatomy. The shock to the intriguers was great on hearing this declaration, and it was increased on finding that Mr. STONE, Dr. DAVIES, and Mr. WALKER, intended to range themselves with Dr. WILSON. Of course Mr. LANE also is of this latter party.

Sir BENJAMIN BRODIE, we understand, is anxious to disown the project of a new school, and says it is the bantling of a brother officer.

SMALL-POX AT DOVER.

To the Editor of THE LANCET.

SIR,—I feel assured that you will find room in your valuable Journal for this letter, the subject of which must be regarded by every reflecting mind as a very grave one. The small-pox has made great havoc in this town for some months, and many fresh cases have presented themselves during the past week. I have been called to four or five cases within the last two or three days, and not one of these had been vaccinated. Not one, out of all the cases of small-pox after vaccination, attended by me during the past summer, has died. This is worthy of remark.

It is much to be lamented that the uneducated and ignorant, who are among the most prejudiced against vaccination,

should be allowed to oppose its benign progress; and so long as the quack is permitted to inoculate, so long will small-pox continue to rage. It appears, from what I have learnt, that the mother of the first child attacked with this disease, about four months ago, allowed an old woman to take some virus, which she diligently circulated throughout the town, and thus established this horrid disease, which has raged here so long and so fatally. Surely the time is at hand when the legislature will turn its attention to this subject.

I have the honour to remain, Sir,
Your most obedient servant,
W. H. De Lannoy, Surg. &c.

Dover, Oct. 21, 1834.

FOURTH LETTER

TO THE

MEMBERS &c. OF THE R. COL. OF SURGEONS IN IRELAND.

On the Injury done to the College by the School.

Gentlemen,—The *object* of the faction and tail in the use of certain phrases, and the arguments, or, rather, the means whereby they endeavour to attain that object, formed briefly the chief subject of my last address; the former was seen to be, to obscure truth, to keep facts from your observation, to excite feeling at the expense of judgment, to stifle discussion which they well know is but the forerunner of truth and knowledge; the latter amounted merely to an argumentum ad hominem, which, after all, is no argument whatever; a wilful perversion of facts, and an ascribing false and absurd motives to persons whom they know incapable of any the least sinister conduct, thus outraging common decency and common sense, and all to secure and forward their selfish object of private monopoly.

If we consider next the *meaning* of their favourite cant term "the *College*," &c., we shall find abundant evidence of the same object, the same want of principle, the same violation of candour, truth, and justice, and for similar ends. Language fails in its proper object, and instead of a useful and beneficial instrument, becomes a downright evil, unless words bear a definite and adequate meaning, and be constantly applied in the same signification: but with a very little reflection you will find that you and they use this pregnant term with very different meanings indeed; you honestly and naturally give it its obvious and proper value, that of the numbers, voice, sentiments, and interest, of the profession; with them it signifies neither more nor less than the school.

Here we have a fair specimen of the honesty and fair dealing of this now quailing and sinking crew; under cover of a mean and cunning misnomer, they gain your adhesion and assent, and then dexterously apply it to their own advantage and aggrandizement, but your injury and ruin. The "College" is like the false lights held out by truculent and savage cailiffs, to lure the unwary and too credulous mariner to certain shipwreck and death.

The school is their sole object and care; to it everything else is sacrificed, because it contributes to their own mercenary interests; they care not a farthing for college or profession; in the latter they deem themselves secure, the former they use merely as a piece of machinery subservient to the purposes of their school. This will appear abundantly evident, from even a single glance at any one or all of their steps, resolutions, or measures; the College is, in fact and truth, nothing but the overgrown private school of Messrs. Colles and Co., with the power of granting licenses attached, and kept and maintained at your expense; naturally then this respectable company of schoolmasters have but one object, one care—to forward that school, and, of course, to sink all other interests beneath its overwhelming monopoly.

It is astonishing how long men even of reflection and wisdom may be led by words, supposing them really to denote what is represented in dictionaries and vocabularies; thus, under cover of a fair name, put forward by cunning and designing men, how many are the base objects, the vile interests, or the dirty jobs, that may be innocently wrought by the highest in honour, the noblest in intellect, and the purest in honesty! Thus, too, have you innocently forwarded their iniquitous and selfish policy—a policy that fills their coffers but empties yours, that sets your prospects and interests at nought, that has in great measure reduced the profession to its present depressed condition, that promises before long to degrade and annihilate the College, and lower its members to irretrievable nothingness and contempt.

This is the grand error in which we have all indulged so long, the rock on which we split; *the school is the ruin of the College*, the millstone about our necks, from which, unless we be released, and that speedily, we must sink, irrecoverably sink, in the surrounding waters. The school is the incubus that oppresses all our energies, the worthless and mistaken object that distracts all our attention from the most vital concerns, which by it are thus thrown into abeyance and neglect; it is the ill-conditioned and good-for-nothing bantling, upon the nurture and indulgence of which are extravagantly wasted all our substance, all our means, which are thus diverted from their proper objects, those of science and general utility. It is the malignant source of all our jealousies, divisions, and hatred, the disgusting cause of intrigue, cabal, conspiracy, the principle of that shameless system of trade which has been often attempted, sometimes practised, always suspected to exist, between professor and censor. The school it was that involved us in these expensive deputations and overtures to other colleges, which showed a most indecent haste to sink a momentous public principle before mean and selfish interests. Instead of promoting and teaching science, too, it even retards and casts a shade of ridicule upon it; for, not to mention the well-known sneers that are there delivered ex cathedra, it, and its worthy professors, are held forth and blazoned as the highest flight of human genius and intellect, the brightest ornaments of modern science and philosophy; accordingly, the ill-taught and unthinking disciples having progressed a certain time and space in the wakes of these worthies, rest upon their oars, and suppose—happy and tranquil ignorance—that they have mastered the knowledge of the age, and have taken rank among the undying heroes of medical science of the nineteenth century.

When these, and such like, are the bitter and pernicious fruits of this blighting institution, and that they are I think no unprejudiced and reflecting person can deny, surely it is but politic and wise, just and fair, nay, our bounden duty, to demand—aye, insist—if not upon its total abolition, at least to have it put upon an entirely new foundation—and this, even if it did, though it does not, possess intrinsic merit.

These observations are by no means aimed against the advantages—nay, the necessity of a proper systematic course of education; the elementary and undergraduate courses are a very fit and necessary subject for collegiate consideration and enactment, but let it not be the entire and sole business of the College, let not all its energies, *all its income*, all its legislation and attention, be devoted to this solitary and inadequate purpose. While you give elementary education all fitting consideration, place it on its proper subordinate footing. Let it not be said, that the

collected wisdom, talent, and resources of the College, were only capable of generating that miserable abortion, the College School; for the sake of everything noble and respectable, let not that now fitting motto be indelibly stamped upon the College—"Parturiunt montes, nascetur ridiculus mus."

The school should be expunged, even if all the *aryuments*(!) advanced in its favour were, as they are not, true. Here they are:—"The school is a great national institution; it is under the management of the College; the several professorships are so many posts of honourable ambition to the members and Licentiates of the College, who are alike eligible to them. We require a model school to give tone to private establishments, in order that, as the phrase goes, the latter may 'work up' to the former; the school it was that made the College, and the College *therefore* ought to stick by the school." Really we have here a precious mixture of presumption, ignorance, vulgarity, and falsehood. There is not a particle of truth or weight in any one position.

1st. "Great national!" In the name of wonder how? Is it founded by the nation? No. Is it supported by the nation? No; all its funds are drained out of your revenues. Does it produce any great advantage worthy of a great nation? No; it merely dispenses to its classes the alphabet and primer of medical language, while all return of profit, &c., glides into the pockets of the professors; but you are debited with all the expenses, and the ten thousand even greater evils entailed by it. National!! Verily, but for the source from which the term comes, it would seem the bitterest sarcasm that could be levelled against it.

2nd. "It is under the management of the College." Indeed! Dare any member meddle with what is considered—nay, declared—in public to be the private property of the professors? Who could enter as a pupil even his own apprentice in this school, of which he has the management? Nay, if any one even suggests any improvement, which can be suspected even through fifty gradations to bear on education, and favour a liberal fair-play system, does he not instantly bring about his alarmed ears a host of interested hornets? What was the result, on a recent occasion, of a suggestion emanating even from the Court of Censors?

3rd. "The professorships are objects of ambition to the profession at large;" and, verily, he (that has not *the* qualification) must be gifted with a strong measure of hope, who expects his honourable ambition ever to be gratified. Is it not notorious how these professorships are filled up? Is it not in the power of any one, however ungifted, to foretel any school appointment? Is it not quite easy to see the train laid already for two or three changes? Why is not the staff completed at once? Because things are not yet quite ripe? Who dared to hope for any share in the recent appointments of demonstrators? Who even knew of them till filled up? Honourable ambition! Why, if we had no other reason to expunge the school, we have an overwhelming one in this: to put an extinguisher on this honourable ambition, which turns out to be a disreputable trading speculation, usurped by the dishonest hands of a few;—a system of fraud, trickery, intrigue—aye, even perjury!

4th. "We want a model school!" We want no such thing; private schools derive neither tone nor model, nor "*act up to*" any such nefarious system; or if the latter ape ates in any way as a beacon, it is but to warn the former against the disgusting defects that disfigure this vaunted worthless model. Is it not notorious, that notwithstanding the depressing disadvantages heaped upon private schools, all the preference and monopoly showered upon that of the College, the latter, instead of conferring, receives, tone from the former, which, in many respects, still keeps beyond the reach of their more unwieldy competitor, who lags largely behind in all things! How does the so-called College School, diner from a private establishment? Chiefly in this: one is conducted on the fair principle of honest competition, with healthy talent, in a private building at private expense; the other on a system of trickery and fraud, its rickety defects being bolstered up and supported by unjust monopoly in a handsome public edifice, and at a public expense (which the proprietors of both are fools enough to permit); the one is a public advantage, the other a public injury and nuisance. No, the only proper instrument to give tone to private schools, and none other should exist, is that which is completely under your control, if you give any attention to the election of its members, your Court of Censors, and their half-yearly examinations. Their power of recognition, if we had not the honesty and talent of our members at large, and the improvements of the age and science to warrant us, is sufficient to give tone and model; anything else is but fraud and falsehood.

5th. "It was the school *that made* the College." It was no such thing; even if it were, these are no times to maintain a heavy and useless incumbrance on the score of gratitude; but we owe it no debt of gratitude; we have no interest, not even a voice in it. Besides, properly speaking, *the* school dates its origin from the new charter. Sown in cunning, and nurtured by intrigue and monopoly;—trained by selfish ignorance and vulgarity—it must produce congenial fruit; it can bear no other; it has altogether departed from the original principles of its predecessor: that was founded for the education of our common apprentices, who were then distributed equally among all members; it had at least the principle of honesty and fair play. Now, our apprentices are admitted only as ordinary pupils, while the professor's ticket is offered in trade as a quid-pro-quo, to allure apprentices, who are allowed to go in shoals like herrings to the maw of some half-dozen whales. But that school was nurtured upon other grounds, and for other reasons, which could not be urged even in its favour were it now in existence.

There is a period in society when institutions of the kind require public endowments and patronage; without it, they would most probably sink beneath the weight of their own weakness: that stage, however, has long passed with us. When this is the case, monopoly, or anything like it, is no longer called for, is no longer beneficial; nay, it becomes a crime, an evil of the first magnitude; it produces consequences the very opposite of what it did produce, and of what must be presumed to be the object of its enactment; and why? It depresses general and private exertion, and aims a death-blow at one of the strongest, healthiest, and most faithful principles of the social system,—and fair, honourable competition and trade.

If anything tended more than another "*to make*" the College, perhaps it was the high character of our Court of Censors. Let the College look to that, and suffer no man to remain a member of it, or be admitted to it, whose qualifications, *mo ral* as well as intellectual, do not eminently fit him for that high and responsible duty. At the last election, a noble moral lesson was read to the faction, which deserves ever to be remembered; let not that fall to the ground, but repeat it if requisite. At all events, let the friends of liberality and regeneration borrow one example from their enemies, and act, like them, with union and firmness, and singleness of purpose, in which alone lies the secret of the faction's strength. To the College School we owe nothing but contempt and enmity well founded; it possesses no intrinsic excellence to merit our approbation, while it is the source of innumerable ills to science, the entire profession, and the community at large; it is an unnatural, unnecessary, absurd, and injurious appendage to the College, productive of immense general mischief; whilst it yields a benefit but to a few individuals, who derive a false and unmerited glitter from the eminence on which they are so unjustly seated. Perhaps nothing can equal the audacious outrage upon common justice and common sense, exercised by this private graft upon a public stock, than the absurd folly, the blind madness, the good-nature of the College, that not only suffers, but pays, so largely for it. But a better and a wiser state of things is rapidly approaching, and even now is.

Your friend and faithful servant,

A MEMBER OF THE DUBLIN COLLEGE.

Dublin, October, 1834.

ST. GEORGE'S HOSPITAL.

COMPLETION OF THE SIR-BENJAMIN JOB.

LAST July we gave an account of a meeting of governors of this hospital which then took place for the *avowed* purpose of electing an assistant-physician and a second assistant-surgeon to this *charitable* institution. A warm discussion took place on that occasion on the impropriety and indelicacy of proceeding with the proposed elections, and the "corruptionists" succeeded in effecting their purpose by only a very small majority,—so insignificant, indeed, that many of the governors were of opinion that as the entire transactions were of so suspicious a character, in all probability the new arrangements would be allowed to drop. This expectation, however, was not realized. One agent after another was embarked in the cause, and a number of *new governors* was created for the approaching combat. One of these agents, a person of the name of POWELL, succeeded in procuring upwards of a dozen, and Mr. PALMER, one of Sir BENJAMIN'S satellites, and who, it may be recollected, made a *false start* for the office, persuaded a near relation of his own, who was deeply skilled in the law and very loquacious, to support the schemes of the jobbers.

On Friday last the long-anticipated meeting took place precisely at

ONE O'CLOCK.

The meeting was not numerous, but was what might be called strictly *select*, consisting chiefly of the old band of "corruptionists," and those governors who had been elected since the 17th of June last. On its being moved that the minutes of the 17th of June be confirmed,

Mr. HURLEY (a lay governor) rose amidst great clamour, but at last succeeded in commanding silence. He then offered his decided opposition to the proposed measure. He complained that the permanent or old governors of the institution would be swamped by the enormous addition of temporary subscribers, who, he lamented to say, were manifestly elected for the sinister purpose of voting for certain candidates. He stated, that since the determination of the former Court to elect new officers was taken, no less than *forty* governors had been elected in the short space of three months (*shame, shame*); besides which, from some extraordinary cause, about twenty had been withdrawn after having been proposed (*hear, hear*); whereas in the six months preceding the 17th of June, only nineteen had been elected. (*Hear, hear.*) One governor had come up *from Dover* by the mail to vote that day for Sir Benjamin. He recommended that such disgraceful creations of new governors should be provided against hereafter, and that it should become a law of the Hospital, that no governor should be eligible to vote at an election of medical officers, unless he had been at least twelve months a governor. He forcibly dwelt on the demoralizing system of electing governors for any particular purpose, and on the present occasion he said it was in a striking manner derogatory to the interests and respectability of the institution. He could not but sympathize with the many gentlemen whom he saw around him, who were strangers to the establishment, but who had been brought there under the mantle of charity to prostitute the best feelings of human nature, and serve the worldly purpose of an individual. Was such conduct worthy of Christians? He lamented to see the ringleader of this job thus occupied, as it would have better become his new honours had he acted a very different part. He clearly saw that the day was not far distant when these discussions and mercenary wranglings would completely destroy the medical school of the Hospital. (*Cheers and groans.*)

Dr. CHAMBERS next addressed the meeting, and stated that he considered himself obliged to them for their indulgence during his late illness. It had been long a matter of discussion amongst the Medical Committee to appoint an assistant physician; therefore it was no job of *his*. As to a second assistant surgeoncy, he disclaimed having any thing to do with it; and the proposal of making an assistant physician had originated in the projected election of a new assistant surgeon.

Mr. WALKER, the assistant surgeon of the Hospital, then rose, and went over his various grounds of complaint connected with this job, and the particulars of which we gave so fully in our former report. He seemed to attribute the whole proceedings to Sir Benjamin Brodie, and to consider that the intended election of a new assistant surgeon might have the effect of burdening the hospital with a person whose services would prove an inconvenience rather than a benefit, though he did come recommended by one of Sir Astley's "certificates." (*Laughter.*)

Sir BENJAMIN BRODIE now rose, evidently much agitated. It was desirable to have young men about the Hospital to be drilled and initiated into all the mysteries of the peculiar system of surgery practised at that Hospital. He did not pre-

tend to deny that the situation about to be created was intended for his private assistant, who he considered in every respect to be highly qualified for the office, and who he certainly had advised to apply to Sir ASTLEY for a testimonial of fitness, having considered it more prudent not to be so conspicuous himself as Mr. Cutler's advocate on such an occasion. Mr. Cutler had been his faithful ally for many years, and he had no hesitation in declaring that he considered him a most extraordinary young surgeon. Though originally only a clerk to a naval captain, he had made up his lee way by unexampled devotion to his (Sir Benjamin's) interests. As to making *new* governors, he differed from the gentleman who had spoken on that point. It was quite legitimate to make any number of governors for any purpose. He (Sir B.) had worked like a slave in that hospital between twenty and thirty years, and was it not just and proper that he should be recompensed for it in one way or other? Every labourer is worthy of his hire. The governors allow the surgeons no salary: the surgeons are, therefore, entitled to perquisites. The honourable Baronet sat down with the strongest demonstration of applause from the *new governors*.

Mr. LANE, the eminent tailor of Saville-row, (brother of one of the candidates,) now stood up and made some very good common-sense observations on the "hole-and-corner" system, which he said was too evident on this occasion, at the bottom of which he saw with regret an eminent Baronet, the *thread* (*a laugh*) of whose harangue he would not presume to follow. Moreover, it was quite evident the observations of Mr. Hurley were a *good fit* (*another laugh*), as the baronet was unable to answer any one of the allegations made against him.—(*Cheers and laughter.*)

Mr. BAGSHOT, the pre-eminent lawyer, who had been elected by the corruptionists to the office of orator on this occasion, after arranging a number of words into sentences, *advised* that the election should proceed, as a good thing for the charity.—(*Cries of* "*Good.*")

Before the meeting concluded, a Mr. HOWSHIP made some very fulsome encomiums on Sir Benjamin, which were too gross for the Baronet, who blushed exceedingly.

The minutes were now confirmed, and the election will take place on Friday sennight at

ONE O'CLOCK.

HOPITAL DE LA PITIE, PARIS.

RESTORATION OF THE NOSE AND EYELID.

Dr. PHILLIPS, a young Belgian physician, who has been closely observing the progress of various autoplastic operations, performed in different quarters, has drawn up the details of two interesting operations, performed at the above hospital by M. DIEFFENBACH, a translation of which we here present to our readers. The reports contain an exact description both of the blepharoplastic and rhinoplastic mode of performing the operation.

Blepharoplastic Operation.

St. Louis' Ward, No. 2.—Lucian Massy, ætat. 48, a native of Bourancourt, a turner, perceived, about seven years since, a small pimple, under the edge of the lower eyelid, and at the great angle of the eye. He used some remedies, more with a view of getting rid of the deformity than from any actual pain in the part. An application, composed of salt and vinegar, tried for the above purpose, only increased the evil; the pimple became much larger, and soon caused an ulceration of the adjoining skin. The ulcerative process spread to the lower eyelid, which shortly afterwards was destroyed. The patient was in this state when admitted, for the first time, to the *Hôpital de la Pitié*.

M. DIEFFENBACH, on examining the patient, considered that the aid of surgery could be of infinite service in this case, and had no doubt not only of removing the deformity, but of replacing the lost eyelid by one of equally natural appearance. To accomplish these purposes, he had recourse to the following method of operating.

The patient having been placed on a bed, the operator made an incision in the form of a V, around the diseased parts, and having detached every portion included within its lines, he made another incision of an inch in length from the internal angle of the eye and at right angles with the axis of the body. Another incision, commencing at the external extremity of the first, with which it formed a right angle, was carried down below the malar bone (*commette*). In this way he formed a quadrilateral flap, which was drawn inwards, and applied to the mucous surface of the lower eyelid. He stopped the bleeding of several small arteries, by torsion, before he adjusted the flap. The inner border of the V incision being surrounded by several cicatrices, the result of former ulceration, M. DIEFFENBACH thought proper to remove them with

the knife, as they stood in the way of an union by the first intention. Having stopped the flow of blood from the lips of the wound, the operator made six stitches in order to reduce the exposed surface of the V incision to a linear cicatrix. With the view of giving the new eyelid all the appearance of a real one, he drew the mucous membrane (which he had purposely preserved) over the superior margin of the flap, and fixed it, by a few stitches of the interrupted suture, upon the free border of the eyelid. The flap, thus drawn inwards, and united to the inner lip of the wound arising from excision of the diseased parts, replaced the loss of substance from the inner angle of the eye. No attempt was made to unite by the first intention, the operator not wishing to subject the flap to the slightest tension. The wound was dressed with a flat compress of linen ravellings, which was secured by means of three strips of adhesive plaster.

The suture stitches were removed at the end of two days. The upper lid remained swollen during three or four days, and the patient experienced some headach in consequence of the vessels of the eye becoming considerably injected. These symptoms soon yielded to mere emollient applications.

September 15, 1834. The patient is extremely well; the wound at the outer angle of the eye is almost healed, and the flap united to the inner angle has assumed the exact appearance of the natural eyelid. The eye is still slightly injected; this has been attributed by M. DIEFFENBACH to the irritation produced by the new lid, which acts as a foreign body upon the eye so long deprived of any covering.

Rhinoplastic Operation.

St. John's Ward, No. 8.—Victoire Onolle, ætat. 38, born in the department of the Upper Loire, had been suffering for seventeen years from severe attacks of headach, which ultimately became almost intolerable. After six months' treatment at the *Hôpital St. Louis*, she entered the *Hôtel Dieu*. Shortly afterwards she was seized with severe itchings in the right nostril; poultices were applied during eight days, but without any diminution of her sufferings. The surgeon then applied some of the arsenical paste, which produced violent inflammation. At the end of twelve days a number of small pimples made their appearance, and the nose swelled to an enormous size; a thick crust was soon formed upon the part, but fell off two months afterwards, exposing the nasal fossæ, the cartilaginous portion of the nose being entirely destroyed.

The patient remained in this state for thirteen years, and the cheek bones became the seat of scrofulous eroding ulcers (*dartre rouglante*). She at last entered the *Hôpital de la Pitié*, where she was employed to attend on the sick. Having furnished herself with a metallic nose, she had no longer any idea of claiming surgical aid to replace the organ of which she had been deprived. However, on seeing the brilliant success of M. DIEFFENBACH, in the case of Massy, she determined on putting herself under the hands of the German surgeon, to undergo an operation, which she bore with heroic courage.

On the 8th November, M. DIEFFENBACH sketched with a pen an outline of the flap which he intended to "borrow" from the forehead. The plan of operation represented a triangle, with a base, turned upwards, an inch and a half wide, and of the same extent in height, from which there proceeded a quadrilateral portion, destined to form the nasal partition. The truncated top of this triangle was bounded on one side by the inner extremity of the left eyebrow, but on the other side the line of incision extended nearly down to the stump (*moignon*) of the nose.

Having thus made his arrangements, M. DIEFFENBACH took the bistoury and separated the flap from the forehead, making the incision from above downwards. On reaching the level of the eyebrows, he extended the wound to the base of the nasal fossæ; a similar incision was made on the opposite side, so that from a level with the eyebrows to the inferior extremity of the nasal fossæ, both incisions formed an exact figure of the letter Y reversed. A horizontal incision, from nine to ten lines in length, was made in the upper lip, in order to separate it from its internal adhesion, and the operator having introduced his finger into this incision, became satisfied of the perfect freedom of the upper lip. The sides of the nose, dissected carefully from each side, made room for the flap drawn from the forehead, and turned down on the nasal fossæ.

During the time necessarily consumed in stopping the blood, M. DIEFFENBACH proceeded to unite the wound in the forehead. The edges of this wound were approximated by a few stitches of the interrupted suture, and to the astonishment of those present at the operation, this large wound in the forehead, which, from the retraction of the skin, was at least two inches and a half wide, and two in length, was reduced to the diameter of a three-franc piece.

The operator then proceeded to fix the lower nasal partition in the incision pre-

viously made in the upper lip, and for securing it in this position two stitches of the twisted suture were found sufficient.

The bleeding edges of the flap, and those of the stump of the nose, having been brought in contact by means of thirty-seven stitches of the twisted suture, the nasal fossæ were filled with linen ravellings; a long strap of adhesive plaster, a quarter of an inch wide, was carried above and across the lower nasal partition, and secured upon the cheeks. This strap had the double effect of flexing the nasal partition upon itself, and of keeping it in a proper position. The patient was then removed to her bed, and cold applications were directed to be kept on the forehead and cheeks, and strict abstinence observed.

At seven in the evening the flap was considerably swollen, and its temperature was cold and of a livid colour. M. Dieffenbach ordered eight leeches to be applied to the base of the flap, and three to the edges.

On the 9th the flap was more swollen than on the night before; it had however acquired a certain degree of warmth. A large quantity of blood was taken from the patient's arm, and leeches were applied at three distinct periods during the day. They were placed both upon the face and upon the flap, which was also scarified with the lancet, in order to remove the local congestion.

On the 10th, the second day after the operation, the whole of the suture stitches were taken away, and the union of the wound was found to be perfect in every part of the flap. Strict abstinence to be enforced. The patient to take some Seidlitz water. Eight leeches to be applied at the angle of each jaw.

11. The wound uniting still more steadily; the wound in the forehead suppurating; the patient's general health quite satisfactory. Glauber salts, one ounce in three glasses of water; strict abstinence. The dressings consisted merely of a few small straps of adhesive plaster; fomentations of an infusion of chamomile flowers, with a small portion of white wine, to be applied to the flap and on the cheeks.

12. The straps of plaster were ordered to be left off, and the application of the saturnine lotion to be continued. In the evening another dose of Glauber salts was administered. A part of the right wing of the nose was touched with epispastic ointment, in consequence of its assuming a livid tint, and of its being rather slow in healing at that point.

13. The patient is very well. The new nose to be washed with tepid water; another dose of Glauber salts; strict diet.

14. The patient continues very well; her nose is perfectly healed (consolidated), and has a very satisfactory appearance, but Professor Dieffenbach thinks of making some trifling alterations, which, in point of fact, however, are dictated rather by a scrupulous nicety than necessity.

Thus, under the influence of an active antiphlogistic treatment, aided by a severe abstinence of nearly twelve days, and the exhibition of purgatives, given with a view of producing a revulsive irritation upon the intestinal canal, not only was the inflammatory state of the flap rapidly counteracted, but the scrofulous ulcers of the cheeks have almost entirely disappeared.

HOTEL DIEU, PARIS.

HERNIA.—CLINIC OF BARON DUPUYTREN.

The following cases, with the comments of Baron Dupuytren, illustrate the principles which were laid down in the lecture on hernia delivered by the Baron, inserted at page 56.

Case 1.—*Strangulated Inguinal Hernia at the Neck of the Sac.—Operation.—Peritonitis.—Death.*

A man, about forty years of age, of good constitution, came to the Hotel Dieu on the 11th of January last to be treated for a strangulated hernia. For the last five or six years there had been a tumour in the right groin, and the patient gave the following account of his case:—He was carrying a large sack of flour divided into two portions, when the anterior one (being the heavier) dragged him forwards; he made a violent effort backwards to prevent himself from falling, and immediately felt sharp pain in the left side of the chest, no doubt from the muscles. This disappeared, but shortly after a tumour formed in the right groin. This ascended when the patient was in bed, and descended when he assumed the horizontal posture. A second tumour, offering the same characters, appeared on the other side. He was thus affected with a double hernia, which was sustained for several years by a double truss. Yesterday he removed the bandage to water, and probably made some unusual effort, for the hernia on the right side became more voluminous than usual; it was hard, locked in, and irreducible.

The patient now experienced colicky pains, nausea, and vomiting, with an ob-

stinate constipation. Some attempt was made at reduction, but without success. During the latter manœuvres Baron DUPUYTREN announced that strangulation existed at the neck of the sac. The patient was placed in a bath, and a new attempt to reduce the hernia was unsuccessful. What was to be done in this case? Should the surgeon wait a little to see whether spontaneous reduction might not take place? But though the unfortunate result sometimes occurs, yet gangrene, peritonitis, and death, are more frequently the results of an operation too long deferred. I have constantly (said the Baron) observed a far greater number of cures when the operation was performed within the first twelve hours after strangulation, than when a longer space has elapsed. Besides, strangulation at the neck of the sac is a powerful motive for hastening the operation, because we know that in ten cases of this kind we can barely hope to reduce one. The softness of the tumour has no doubt some influence on the facility of reduction, but here the hernia was tense and hard.

Operation.—An operation was therefore clearly indicated, and carried into execution. The skin covering the upper part of the tumour was elevated transversely in a small fold, one end of which was held by the operator, the other by an assistant; an incision was here made with a bistoury, and prolonged toward the superior part of the tumour, in order that the ring might be well exposed, and to avoid the formation of a pouch. The layers of the cellular tissue being successively divided, the operator came down on the sac, which contained a good deal of serous fluid. This was discharged in abundance on the opening of the sac, and the strangulated portion of the intestine discovered, of a blue-red colour; some points of a deeper injection seemed to indicate that the efforts at reduction had occasioned some violence. When a certain portion of the intestine was drawn down, the coloration was seen to ascend into the abdomen. The justice of the diagnosis which was made was confirmed on the introduction of the finger into the wound. The sac was now brought down, and the neck being divided parallel to the median line, the strangulated portion immediately entered the abdomen. The wound was dressed in the ordinary manner; lavements, administered immediately after the operation, brought away abundant stools. As the abdomen had become painful on the following day, the patient took some infusion of chamomile, which produced the expulsion of a great deal of gas.

On the fourth day after the operation, the general health was satisfactory; the dressing was removed and the wound looked well; only the sub-peritoneal cellular tissue was a little tumefied. On the fifth day the patient was suddenly seized with delirium, unaccompanied by fever or heat of skin; he took a calming draught; as M. DUPUYTREN recognised the presence of nervous delirium, he prescribed a lavement containing twelve drops of laudanum. The cerebral symptoms were thus dissipated, and on the seventh day the patient was calm; this state continued up to the 1st of February (nineteen days after the operation), when the wound was again examined, and appeared in the way of being healed; however, when the hand was pressed above the iliac fossa, there was a hard tumour, with a point of fluctuation in the centre. What was the nature of this tumour? A stercoral abscess. But the hernia had been strangulated only twelve hours when reduced. It was therefore probably dependent on an inflammation developed in the cellular tissue surrounding the neck of the sac and propagated to the abdominal parietes. If left to itself this tumour might give rise to an internal effusion of fluid of a fatal kind. In more than twenty cases the Baron said he had seen these abscesses open into the inguinal canal, and had favoured the discharge of the pus by introducing a female catheter into the canal as far as the abscess. He employed this means on the 3rd, but was unable to reach the collection either with a sound or even a stilet. He therefore determined to wait, to watch the progress of nature and aid her. By degrees the pus advanced towards the skin, and as he was now certain that sufficient adherence existed to prevent any danger of effusion, he made an incision on the 20th. At first a small quantity of pus was discharged, but on enlarging the aperture with a bistoury a vast quantity came away, to the great relief of the patient. A small thread of charpie, covered with cerate, was introduced into the wound.

21st. The discharge was abundant; on the 22nd a little less, and the patient went on well; on the 24th he was suddenly seized with abdominal pains, nausea, and vomiting. (Leeches to the belly.) These symptoms were a little alleviated at the time of the visit, but the patient was depressed, and his aspect cadaverous; on the 25th he ceased to live.

Autopsy.—The head and chest offered nothing remarkable. The peritoneum was evidently inflamed; there was a small quantity of pus between the intestinal convolutions, which were slightly adherent. There was a fistulous orifice near the internal

opening of the inguinal canal, communicating on one side with the abdomen, on the other with an abscess in the abdominal parietes. A second perforation corresponded with the external opening in the integuments, but it was closed by being intimately adherent to the cæcum. The abscess appeared to have commenced in the inguinal canal, and thence extended to the abdominal parietes. On the inner ride it was bounded by the adherence of the intestines to the parietes of the abdomen; externally by the cicatrix of the wound. It appeared that the adherences just mentioned had given way, and occasioned the effusion.

Remarks of the Lecturer.—This case, Gentlemen, is fruitful in many important observations. Individuals affected with hernia, generally employ a bandage in good time, which they remove either to satisfy the wants of nature, or on going to sleep. In the first case, during the efforts of expulsion, the hernia often descends, and is strangulated. In the second the same accident takes place, either in getting into bed, or in executing certain movements; hence you should always recommend your patient to guard the truss night and day. Our patient had a large inguinal hernia, and a considerable loop of the intestine seemed to have been strangulated; but neither the inferior orifice of the canal, nor the canal itself, exercised any constriction on the intestine, which could be pushed up freely to the upper part of the canal. The strangulation was produced by the cutting edge of the peritoneum, at the point where the sac commences, and the operation proved the truth of this diagnosis. Everything promised a happy termination, when one of those abscesses which frequently originate in the cellular tissue surrounding the neck of the sac, determined a mortal peritonitis.

CASE 2.—*Vaginal Inguinal Hernia strangulated at the Neck of the Sac.*

A man, twenty-three years of age, had been affected, since infancy, with an inguinal hernia, which he was not in the habit of keeping up. Strangulation was produced by a slight effort, and was followed by hiccup, nausea, colic, and vomiting; the patient made fruitless efforts to reduce the hernia, and after forty-eight hours had elapsed, presented himself at the Hotel Dieu in the following state:—The tumour was about as large as a small egg, and was susceptible of being partially reduced; but once left to itself it descended again; the whole length of the inguinal canal was filled by a hard elongated tumour; the abdomen was full, tense, and sensible to pressure. The patient vomited continually bilious matter, and was obstinately constipated. He was placed at once in a bath, where the taxis was tried, but in vain. An operation was now proposed, which the patient rejected; he was therefore bled repeatedly, and kept for a length of time in the warm-bath; a great number of leeches were applied to the abdomen and anus.

Second day. The symptoms were aggravated; the vomiting now became stercoral; the pulse hard and frequent; the belly more tense.

Third day. Increased prostration and sensibility of the abdomen; the patient still refused to submit to an operation.

Fourth day. Pulse almost insensible, great weakness; on touching the tumour a sort of crepitation was felt, a certain sign of gangrene.

Sixth day. Constant hiccup, body cold; the patient now demanded earnestly to be operated on, but the visit was hardly finished when he died.

Autopsy.—Before examining the body, M. DUPUYTREN operated as if the patient lived. On opening the sac, a quantity of turbid serum, exhaling a gangrenous smell, was discharged; a loop of intestine, more than three inches long, was soft and gangrenous. The anterior extremity of the testicle was seen above the intestine, and the strangulation found to exist at the neck of the sac. It was produced by a circular falciform band adhering anteriorly and posteriorly to the intestine, to the extent of about a line; above this point there was a small perforation of the tube; the inferior portion of the intestine, the cæcum, and colon, were strongly contracted. The intestines were all adherent to each other, and the pelvis contained a great quantity of pus.

It was demonstrated that the internal strangulations, which depend on the reduction *en masse* of herniæ strangulated at the neck of the sac, may be almost always diagnosticated by the assistance of the symptoms of the anterior existence of an external hernia, and also by the existing signs. There are, however, cases where it is not easy to recognise them, especially if the surgeon was not present at the reduction of the hernia. The uncertainty becomes still greater if the patient be attacked with two herniæ reduced together, and which do not offer any sign of strangulation at one side more than the other.

CASE 3.—*Double Inguinal Hernia—Operation—Cure.*

A locksmith, forty years of age, was affected with two inguinal herniæ, one on

the left side for twelve years, one on the right for three; the latter was abandoned to itself, the former supported by a bandage. One day the bandage gave way, the tumour became augmented in volume, and was very painful. The next morning he took two grains of emetic, and called a surgeon, who, after some time, succeeded in reducing the tumour. But the accident of strangulation persisted, and on the fifth day he came into the Hotel Dieu; the abdomen was painful; there was hiccup, vomiting of fecal matter, and constipation.

The signs of strangulation here existed, but there was reason to fear a peritonitis. Besides, the diagnosis was difficult, on account of the two herniæ, which had been reduced, and which presented no tumour behind the inguinal ring. We had, in fact, no knowledge of the hernia, except the dilatation of the inguinal rings, and the contradictory accounts of the patient; as his state continued to get worse, an operation was resolved upon.

There was some slight tumour in the right inguinal region, and more pain on that side; hence it was selected. Under the first incision was found a serous cyst concealing the sac, which contained neither intestine nor epiploon, but a few flocci in serum; the finger introduced into the abdomen recognised the adherence of the intestines together, and other signs of peritonitis. The surgeon proceeded at once to operate on the other side; having opened a sac, he came upon a fatty matter, which resembled very much epiploon, but he soon perceived a fibrous layer below this, and having desired the patient to cough, it was elevated; the layer was therefore divided carefully with the subjacent herniæ, and some bloody serum discharged; a small reddish mass, composed of tumefied epiploon, was found in the sac; and when the finger was passed up through the ring, there was found a circular bridle existing very high up.

The sac was now drawn down, a blunt-pointed bistoury conducted on the finger, and the stricture divided upwards and outwards; the pain caused a greater portion of the intestine to descend, and the division of the bridle was more completely operated.

The patient was now dressed and put to bed. On the next day the vomiting had ceased, but the colicky pains continued; pulse quick, face coloured, &c. These symptoms were removed by repeated bleeding, and the patient was discharged perfectly cured.

CASE 4.—*Double Inguinal Hernia.—Operation—Cure.*

On the 27th of September, a man was carried to the *Hotel Dieu* in the most desperate condition; the extremities were cold, the face quite pale; pulse very small; belly tense, painful; there was vomiting and hiccup. He was scarcely able to answer that he was long affected with two herniæ, and that they had become painful since a period which he could not fix. He was placed in a bath, and the Baron sent for; but it was impossible to have any satisfactory account from him. The surgeon was therefore reduced to the sensible signs, but these could not decide whether the case was one of peritonitis or a strangulated hernia. A bleeding was ordered, and lavements, &c. In the evening he had an abundant evacuation, and several stools during the night; the vomiting ceased, but the hiccup was more violent.

In the morning the pulse was developed, face red, and the patient gave a clearer account of his affection. From this it appeared, that for 12 years he had double inguinal herniæ; they never gave him any uneasiness until the evening before his entry, when, making an effort, both herniæ descended and became painful; he reduced the right one himself; the left was returned by a physician; but the symptoms of strangulation increased, and he was brought to the *Hotel Dieu*.

What was now to be done? The greater part of the symptoms of strangulation existed; but there was no vomiting of fecal matter, and the stools were free. The patient was desired to walk. The left hernia came down, but was soft and returned easily; in the evening, same state; no vomiting or hiccup, belly supple, but sensible in the hypogastric region.

Being convinced of the advantages of operating early, if there was a strangulation, Baron DUPUYTREN resolved on proceeding to operate on the right side, because here the hernia did not descend in the upright posture, although formerly it came down very easily. The operation was completed in the ordinary manner without any accident; the stricture which existed at the neck of the sac was divided, and the patient was soon perfectly cured.

Remarks by the lecturer.—These two cases, Gentlemen, are highly important, and merit your greatest attention; they also will furnish occasion to develop the general ideas which we have just exposed to you. The embarrassment of the practitioner may be readily conceived when he is called upon to attend a patient affected with strangulated hernia, reduced *en masse*. The first difficulty is to pronounce,

in the absence of all hernial tumour, whether there be any strangulation or not, and when its existence is proved there arises the second difficulty, viz. to reach the stricture, which having ascended into the abdomen, is removed from the eyes of the surgeon and reach of his instruments.

But are there symptoms by which, after the reduction of a hernia, we can tell whether the stricture persists or not in the abdomen? Experience has resolved the question affirmatively by showing that a correct diagnosis may be almost always attained from the history of the case and actual signs. The first furnishes, as signs, the size of the ring, the sensibility of the hernia, its reduction *en masse*, and the persistence of the accidents; but these may not have been carefully observed; in this case we have recourse to the actual signs before us, many of which have been already noticed, but on which we shall insist at more length on account of the difficulty of the diagnosis. These signs are a fixed circumscribed pain in the hypogastric region, felt particularly behind the aperture of the ring, and a tumour more or less manifest in this region.

BARTHOLOMEW'S HOSPITAL.

CASES OF FEMORAL HERNIA.

Case 1.—Mary Connor, ætat. forty-six, a married woman, who has had three children, and has been afflicted with femoral hernia on the right side for four years, was brought to the hospital, on Sunday, Oct. 5th, at seven o'clock p.m. She stated that the swelling had never been completely reduced, and that for the last nine days her bowels had not been relieved; that for six days she suffered from severe vomiting, occurring at intervals of an hour. The matter ejected was very offensive, and smelt, to use her own expression, "like her motions." There was considerable pain over the abdomen, though not excessive. The size of the tumour was above that of a small hen's egg. After examining carefully the case, Mr. SKEY determined to operate immediately. His first incision appeared to be short, but it proved amply sufficient to command the neck of the rupture. This on exposure was discovered to consist of a knuckle of small intestine, thickened, but not highly inflamed or engorged with blood. The stricture did not appear to be remarkably tight. After a few minutes from the commencement of the operation the gut was returned into the abdomen. The edges of the wound were then brought together by two sutures, and the patient removed to her bed. The sickness still continuing, effervescing salines were administered; within an hour after the operation she passed a copious stool, and a second on the following morning.

Oct. 6th. No bad symptoms; expresses herself to feel very comfortable.

8th. Union has taken place by the first intention. On the 13th, she was sufficiently recovered to sit by the fire-side; and on the 15th, she was declared convalescent.

Case 2.—Margaret Bingley, ætat. fifty-one, has been ruptured on the left side for five years, and occasionally suffered pains, with a sensation of constriction, in the abdomen. This, as in the case related above, was a femoral hernia, in size and shape resembling an elongated orange, rising upwards over Poupart's ligament towards the spine of the ilium. She was conveyed to the hospital, on Sunday, 12th of October, having had obstinate constipation since Thursday, the 9th. On the 10th, she was attacked with violent sickness, which continued at intervals of a few minutes until her arrival at the institution. The matter which she vomited was very fetid, and on the evidence of an intelligent practitioner, who sent her to the hospital, was stercoraceous. Although she complained of great tenderness of the abdomen, this was not increased by very considerable pressure.

Mr. SKEY performed the operation at seven o'clock p.m., within an hour after her arrival. The tumour consisted of small intestine, enveloped in a portion of moderately healthy, though somewhat thickened, omentum. The bowel was of a very dark colour, and was carefully examined by Mr. SKEY previous to any attempt being made to reduce it. The stricture was exceedingly tight; not admitting at first even the finger-nail to be passed within it. It was, however, divided, as is usual in such cases, on the grooved director, and the intestine returned to its natural cavity. The operator judged it expedient to remove the thickened omentum, which was accordingly done, and two of its vessels were secured by ligatures. The wound, as in the former case, was united by sutures, and a slight compress was applied over it.

The patient was then put to bed, and Mr. SKEY desired that she might be kept perfectly quiet for four hours, during which time the sickness subsided. At twelve p.m. she had passed no motion. She was ordered drachm doses of castor oil, with five drops of laudanum every two hours for three times, at the expiration of which, if ineffectual, the aperient was

directed to be changed. She took two doses, and subsequently a drachm of sulphate of magnesia, in mixed water; her bowels were freely evacuated by six o'clock on the following morning.

She has had no bad symptoms, but has been progressing gradually towards recovery up to the present time. We understand that the operator had a similar case in private practice, in the same hour with the one just described, and which has been followed with the same happy results.

ERYSIPELAS.

E. Snook was admitted into Mary's Ward, Sept. 11. Her countenance was of a dusky colour, with erysipelatous redness of the face and scalp, extending over the whole trunk, behind and in front, to the cartilages of the ribs; the upper part of the arms and shoulders was similarly affected, and some vesications were also perceptible on the latter. Pulse 120, tongue coated with a white fur. Her head was free from pain, though she complained of deafness; her nights were sleepless, and she was often delirious; her bowels were much constipated. A fortnight previous to her entering the Hospital she experienced severe headach, with pain in her loins, and four days subsequently the inflammatory appearances of the shoulders and back showed themselves, frequently, however, shifting its situation. Within the last five days the integuments of the face and scalp have become affected. Castor oil is ordered for her.

12th. Has had a bad night, with delirium. The redness spreading over the right side of the face and nose; has had several evacuations; pulse the same; two grains of the powder of mercury with chalk every six hours.

13. The whole of the face assumes a dark hue; pulse 118 and feeble; fur separating from the tongue; its apex dry.

15. Right side of the face and eyelid much swollen; prefers cold applications to warm; pulse rapid and feeble; tongue dry at tip, but moist at the edges. Three grains of the carbonate of ammonia in camphor julep every four hours; six ounces of red wine.

16. Tumefaction and redness of the face subsiding; tongue moist, with a white fur; pulse 88, and more powerful; evacuations natural; omit the mercurial; continue the ammonia every eight hours.

17. Left side of the face assuming its healthy appearance; a few patches of redness still visible in some parts of the body; sleeps well; skin perspiring; tongue still dry at the tip; pulse 80.

21st. No redness remaining; tongue clean and moist; pulse quick; complains of great weakness.

Oct. 1st. Convalescent.

OSTEO-SARCOMATOUS TUMOUR OF THE INFERIOR MAXILLARY BONE.—OPERATION.

Edmund Willcock, ætat. twenty-four, a stout, healthy-looking man, was admitted into Henry's Ward, under the care of Mr. LAWRENCE. A large tumour of an irregular fungoid appearance occupied the posterior part of the gum and alveoli of the lower jaw on the left side, and exhibited on its upper surface irregular cavities, from whence the three last molar teeth had been successively extracted as the excrescence had advanced. The patient stated that the disease was of two years' duration, and at its first appearance presented itself in the form of a small hard swelling, about the size of a hazel-nut; this had gradually increased till the present time, but without ever occasioning him any pain; the only source of uneasiness originating from its bulk, and on this account he determined to submit to any operation which Mr. LAWRENCE might think necessary for the removal of the disease.

On Saturday, October 13th, at the usual hour, the patient was placed on the table in the operating theatre, when Mr. LAWRENCE, after giving a brief sketch of the history of the case, observed, that he considered it one of osteo-sarcoma, but that he and his colleagues were doubtful as to its extent and origin, so that he was compelled to commence its removal with an uncertainty as to whether it would require excision of the bone, or merely that of the tumour from its surface,—a circumstance to be decided only by observing whether it arose from the gum and periosteal membrane, or whether disease of the bone itself gave origin to the growth.

Mr. LAWRENCE began by making an incision, extending in a horizontal direction from the symphysis maxillaris to the angle of the jaw, and then dissected back the integuments covering the tumour; during this process the external maxillary artery was cut through and secured, as well as two or three smaller branches, which bled freely. The external portion of the swelling was now exposed, and removed from the surface of the bone; it was handed round the theatre for the inspection of the pupils, and presented the appearance of a firm fungoid growth of a fibro-cartilaginous texture. On examining the denuded bone, its structure was found to be diseased, and the necessity for its removal became imperative. To effect

this, Mr. LAWRENCE made an incision from the commissure of the lips, which met the first division of the integuments at the symphysis of the chin, and then proceeded to lay bare the inferior margin of the jaw-bone. This he accomplished after dividing two or three branches of the submental artery, if not the main trunk itself, and after tying their bleeding mouths, the size of the tumour, which occupied the internal surface of the os maxillare, was fully evident. The lips of the wound were then drawn asunder by an assistant and Mr. LAWRENCE, by means of Hey's saw, and a large pair of bone-nippers, cut through the inferior maxillary bone, in a line with the canine tooth, and made a similar division at about the angle of the jaw. The diseased mass, with the detached piece of bone, was then separated from the muscles which adhered to it, and some bleeding vessels were tied. The poor fellow had now been nearly an hour under the knife, and endured the protracted torture of the operation with a fortitude truly astonishing. On careful examination it was here discovered that the articular end of the bone was also diseased, in consequence of which Mr. LAWRENCE detached, with the bone-nippers, the remaining portion, at the neck, leaving the condyle, surrounded with its capsular membrane, entire. This, however, still presenting a morbid appearance of structure, was removed from the glenoid cavity.

The whole of the disease being now taken away, those vessels which bled were secured by ligatures, and the edges of the wound were then brought together by means of hare-lip pins and dry sutures. The patient now removed the bandage from his eyes, sat up on the table, and shook hands with the operator, and even expressed a wish to walk to his bed; to this, however, Mr. Lawrence would not consent, and he was accordingly carried to his ward by the beadles.

Mr. Lawrence, who displayed great coolness during the whole of the operation, which lasted more than an hour and a half, now made a section of the tumour, and brought it into the theatre, for the purpose of addressing some observations to the assembled gentlemen. He alluded to the difficulty of the operation, where the knife was continually used in the immediate neighbourhood of large and important arteries, and described also the reasons for those re-amputations of the bone which have been detailed above, remarking upon the urgent necessity in all cases of this kind for excising every trace of the morbid growth. Mr Stanley had, he said, been surprised, as well as himself, that the hemorrhage was so trifling, considering the number and size of the arterial vessels divided during the operation, whilst, at the same time, the bleeding which had occurred would prove serviceable in checking the inflammatory process. The examination of the growth itself was interesting, because it gave strength to the expectations of success for the courageous sufferer; since, on a section of the tumour, it appeared to be of a decidedly innocent species. In such instances the free eradication of the diseased portions was the important object, and here it was evident that such had been accomplished, for the bone in front of the tumour was found to be perfectly sound, whilst the whole remaining posterior portion of the maxilla on the diseased side had been extirpated. The excrescence was of the kind denominated *osteo sarcoma*, and it was a genuine specimen, as the class would see when it was handed round. It would be observed that at the lower part was a kind of bony case, whence the firm fibro-fleshy growth extended upwards, involving the whole alveolar portion of the jaw, and having osseous laminæ shooting through its texture in various directions.

20. Patient passed a good night; is easy; there is a slight erysipelatous blush about the edge of the wound, but he appears on the whole to be doing well.

Before laying down the pen, it is worthy of remark that notwithstanding the unconcealed displeasure entertained by the generality of the pupils here respecting the *crowding* at operations, there is little abatement as yet of the obnoxious practice. It is true we observed on Saturday last gentlemen of repute and officers of the hospital seated on the lower bench, and thus manifesting a proper desire not to interrupt the view of the operation. But at the same time the arms of the operator were surrounded by persons who, as far as we can learn, have no exclusive right to such obtrusion; whilst, at one time, we noticed that the *surgeons* themselves, whose aid of course might be of great importance in the stages of such an operation, were actually prevented from approaching the patient. Names shall be mentioned, for the annoyance is sufficient justification for such open allusion, if the dread of exposure do not deter the intruding parties from a repetition of their encroachments. The surgeons, individually, manifest a seeming acquiescence in the pupils' wishes in this respect, but why do they not go farther, and exercise the power they possess of excluding all but the medical officers and real assistants from around

the table? Besides the annoyance to the students, the misery suffered by the gasping patient ought to procure the demanded reform. The crowded state of the theatre constantly renders necessary the opening of the doors in order to admit the fresh air. This was the case again on Saturday last.

OBTRUSIONS AT OPERATIONS.—MR. EARLE.

To the Editor of THE LANCET.

SIR,—In your LANCET of last week I perceive you noticed the shameful manner in which the area of our operating theatre is crowded, and threatened to mention the names of those persons who so offended, should they again give occasion. At the operation for excision of a portion of the lower-jaw on Saturday, there were again at least thirty persons in the area, one-third of whom were young men who have "dressed," or friends of those ex-dressers, and who *always* obtrude themselves in the area. But I will pass by this minor fry, and come at once to the chief offender. I mention, with all due respect, the name of Mr. Earle, a gentleman whom I have frequently heard make very neat and appropriate speeches, especially at the commencement of the season, on the propriety of adhering to the regulations hung up in the area, and of giving the students every facility for seeing the different steps of an operation. I assure you that my view of the operation, during a great portion of the time, was completely obstructed by that gentleman's head. You will say that Mr. Earle, as one of the surgeons of the hospital, had a right to be present. Undoubtedly he had, but had he any right to stick himself immediately in front of the patient with his face close over the part operated on? Mr. Lawrence, with Mr. Stanley as his assistant, surely was quite capable of finishing the operation without the interference of Mr. Earle, who occasionally handed a sponge to the operator as a pretext for retaining his situation. I can only attribute such forwardness on the part of Mr. Earle to one of two things, either that he has an unconquerable desire to be first always in the "field," not of "glory" certainly, but of "blood;" or that he *has an idea* that he is so clear-headed that the students can see through him. Unfortunately we cannot.

With great respect, Sir,
I remain, yours,
ONE OF THE PLUNDERED.

Reading-room, St. Bartholomew's,
Oct. 21st, 1834.

LOCK HOSPITAL, LONDON.

GONORRHŒA AND SECONDARY SYPHILIS.

ANDREW MARTIN, a tailor, was admitted under Mr. WALKER's care, with the following history and symptoms. Of the former he stated, that six months ago he had a gonorrhœal discharge with sores on the inner membrane of the prepuce;—these latter healed in about two months—the gonorrhœal discharge has continued in greater or lesser quantity up to the present time. He had a tubercular eruption on the skin about two months since. He has taken pills three or four different times, generally for about one week at a time. His mouth has never been sore: he has taken mercury in other forms besides pills.

The eruption on the face now presents the medium character between the vesicular and pustular, and is disposed to form brown superficial scabs. There is a pustule covered by a scab on the arm and the leg. There is a spot of ulceration on the hard palate behind the incisor teeth, exposing a surface of diseased bone.

The gonorrhœal discharge from the urethra is thin and watery: there is induration of the corpus spongiosum, extending from an inch and a half to two inches behind the glands.

July 23. *Mist. Acid.* 0ss; quotidie sumend.

26. Bowels costive.

℞ *Infus. Gentian. C.* ℥j; *Infus. Rhei* ℥ss; *Sodæ Carb.* gr. x. M.; bis die sumend.

℞ *Pil. Hydrarg. c. Pulv. Rhei*, gr. v. hæc nocte sumend.

30. ℞ *Decoct. Sarsæ C.* 0ss; *Ext. Sarsæ* ℥ij; *Acid. Nit.* dilut. ℥ij; M.; quotidie sumend.

31. Much improved in every respect. He continued to improve under the use of these medicines, and on

Sept. 18, the majority of scabs had fallen from the face; the bone of the upper palate was suppurating, and some of the incisor teeth were dead.

Oct. 7. Three of the front teeth were removed from the upper jaw, and the mouth was ordered to be repeatedly washed with tincture of myrrh and water.

11. The mouth is much better, and he does not complain of so much pain.

He gradually improved. The mouth got quite well, the constitutional symptoms entirely disappeared, and he was, soon after the last date, discharged cured.

GONORRHŒA OF THREE YEARS' DURATION.—ULCERS ON THE SCROTUM, CLAVICLE, AND FOREHEAD.

James Bolton, ætat. 30, was admitted under Mr. Walker's care. He states that he contracted a gonorrhœa about three years ago, the urethral discharge from which had continued up to the present time. Two years ago he had hernia humoralis, which was cured, but returned again six months afterwards, when an abscess formed and burst into the septum scrotæ just below the root of the penis. He has been much worse within the last three weeks. Five weeks ago an abscess gradually formed over the sternal extremity of the clavicle, which burst and discharged a large quantity of matter. There is a scrofulous deposit on the os frontis, which has been present two months.

When first the gonorrhœal discharge came on, he took some mercurial pills for six weeks, by which his mouth became sore. Four months ago he again took some mercurial pills for one month, which kept his mouth sore for three weeks. There is at present a large irregular ulcerated opening in the scrotum, and several smaller ones of a similar character communicating with one another and exposing the anterior surface of the body of the testis (left), the right testis not being at all affected. There is slight urethral discharge.

There is an ulcer, of the size of a shilling, over the sternal end of the clavicle, which is inflamed, and with thin undermined edges. There is also a small swelling over the forehead, covered with a brownish-red skin, and containing fluid. His general state of health is bad, and he has lost flesh and colour.

Jan. 4. ℞ *Decoct. Sarsæ C.* 0j; *Extracti ejusdem* ʒj; *Liquoris Potassæ* ʒij. M.; quotidie sumend.

7th. Perstet.

9th. The ulcer in the scrotum is contracting in size, and looking much cleaner. The ulcer over the clavicle is much less inflamed. The scrofulous swelling on the forehead was opened two days since, and exposed a large suppurating cavity; the discharge is now diminishing and the cavity is filling up.

11th, 13th, and 18th. Perstet.

21st. Utat *Ung. Nit. Oxydi* ulci. Perstet in usu medicinæ.

25th. No discharge from the abscess in the forehead; cavity filling up; the ulcer over the clavicle is nearly healed.

Feb. 4th. ℞ *Hyd. Submur.* gr. v. Statim sumend. *Haust. Sennæ*, post horas quartas.

6th. The left testicle looks better; some of the overlapping edge of the wound removed with the scissors.

11th. Perstet in usu medicinæ.

13th. Very much improved; the ulcers healing fast.

27th. Going on very well; some peripneumonic pain on inspiration. He was ordered a blister to the chest, and a senna draught.

March 6th. The perepneumonic pain relieved by the blister; the testicle is healed; slight pain in the shoulders and knees.

13th. Is quite well except a slight pain in the side.

GONORRHŒA, WITH BUBO IN EACH GROIN.

Thomas Bigsty, æt. 20, a bookbinder, was admitted into the Hospital Nov. 20th. He contracted a gonorrhœa about five or six weeks since, and has had a discharge from the urethra about two weeks, during which time a bubo, which has now assumed a large size and is suppurating, appeared in each groin. The skin around them is thin and bluish; there is some degree of pyrexia, and he looks ill and weak. Some years ago he had sores and a gonorrhœa. He has drunk much of every kind of fluid except water, but he has done nothing for his complaints.

Nov. 23. ℞ *Decocti Cinchonæ, Liq. Ammon. Acet.*, aa. ʒvj. Ter die sumend. A linseed-meal cataplasm to each bubo.

29. A small ulcerated opening has formed in each bubo; a small pustule has appeared on the left side of the penis; tongue loaded, bowels costive, and pulse rather frequent.

℞ *Hydrarg. Submur.* gr. iij. *Pulvis Rhei* gr. ix. M. Fiat pulvis hoc nocte sumend. *Haustus Sennæ* ʒiss. Cras primo mane sumend.

Dec. 3rd. The pustule on the penis has healed, but left some induration behind. He is very weak; bowels freely opened.

℞ *Decoct. Sarsæ C.* 0ss, quotidie sumend.

7. Perstet.

10. Sumat *Decoct. Sarsæ C.* 0j quotidie. He continued this medicine for some time, which, on the 7th of January, was changed for

℞ *Infusi Cascarillæ* ʒvj;
Tinct. Calumbæ,
Tinct. Rhei, aa. ʒj. M.; ter die sumend. Omit. Decoc. Sarsæ.

Jan. 26. The bubo in the left groin discharges very little. For the last week has been very much troubled with chordee.

The whole corpus spongiosum feels very much thickened. *Hirudines* vj parte inferiore penis. Haustus sennæ cras primo mane sumend.

Feb. 27. The right bubo healed; the left one nearly so; slight oozing of discharge from it.

℞ *Aquæ Calcis*, 0ss, quotidie sumend.

March 6. No discharge from either bubo.—Discharged convalescent.

GONORRHŒA WITH BUBO IN EACH GROIN, AND ULCERATIONS IN THE THROAT AND TONSILS.

Henry Patterson, ætat. 21, has had complaints for nine months. They began with gonorrhœa, the discharge from which was stopped, in a month, for three weeks, when it re-appeared, and has continued more or less ever since. He has had a bubo in the right groin for ten weeks, which broke two months ago; and one in the left groin for six weeks, which has burst about one month. Ten weeks ago he had connexion, which increased the urethral discharge and ardor urinæ, and a small sore formed in the angle of the glans. He was not aware that his throat was affected.

Ten weeks ago he took two pills daily, for two weeks; his gums are not affected, but he spits a little saliva of a sweet taste and a fawn colour. He has not had connexion for ten weeks; his first attack of gonorrhœa was much the most severe.

He has now a profuse thick yellow discharge from the urethra. There is a large bubo in the left groin in the upper range of the glans, and a slight fluctuation of fluid is perceptible; the skin covering it is slightly red. There is a bubo in the right groin, which is healing, but still discharges a little. His general health is good; the bowels are confined, and the tonsils are enlarged, and have a white appearance, and some doubtful ulceration in the posterior part of the right side of the pharynx. His gums are apparently affected.

January 18. ℞ *Infus. Rhei* ʒij; *Liquor Potass.* ss; *Infusi Cascarill.* ʒvj; *Aq. Menth. P.* ʒss. M.; ter in die sumend.

24. Perstet in usu medicinæ. *Ung. Hyd. Fort.* ʒi; omni nocte utend.

25. Two collections of pus have formed which have been opened; bowels regular; ulceration of posterior part of fauces; tongue much enlarged. — *Lotio Nigra* ulceribus applic.

28. Gums exceedingly tender and ulcerated; throat very vascular and florid; sloughy ulceration of the tonsils came on suddenly to-day.

February 6. The ointment was omitted, and afterwards the ulceration of the throat became suddenly clearer; tonsils still much enlarged; bubo in left groin improving, in the right groin the bubo is nearly healed; the sores in the angle of the penis are nearly healed; gums white and tender; feels much better in his general health.

13. Perstet in usu medicinæ. Throat much better, but the tonsils are still enlarged and vascular; bubo in left groin suppurating again; the one in the right groin still discharging; sores healed, with indurated cicatrices; the upper border of the gums appears red.

27. Bubo in right groin healed; slight oozing from left groin; gums spongy. Perstet.

March 13. The right bubo has again suppurated; the left one nearly healed; induration of cicatrix gone; much better in his general health. Perstet.

20. Discharged convalescent.

ST. GEORGE'S HOSPITAL.

CLINICAL REMARKS, BY SIR B. BRODIE.

OPIUM EATING.—ABSCESS OF INTESTINES.—There is an old man with fractured leg, under the care of Sir B. C. BRODIE. He has occasional fits of wandering, for the relief of which he takes gin and laudanum, with very good effect. On visiting him one day, Sir B. BRODIE remarking that there was some slight delirium present, observed that it might probably arise from the opium having been discontinued. "I once heard," he said, "of a medical gentleman, who was in the habit of taking very large doses of laudanum daily, and he was advised, very probably by his physician, to leave it off suddenly, which he did, and became in consequence very ill. Several medical men saw him afterwards, but they could make out nothing of the symptoms. In his case, I believe, it affected his mind chiefly. Before gin had become so cheap and plentiful as it now is, many persons, I believe, were in the habit of taking opium instead, and one druggist, near Clare Market, used to sell large quantities of small opium pills every Saturday night. I suppose, indeed, that opium is a much better thing than gin, as it does not incite to the same vicious excesses as gin. Whenever a robbery or murder is planned, the actors in it are primed with gin, and this was the case with the murderers of the Italian boy, Nicola

Ferrari.* The Turks are a very quiet harmless set of men, yet with them the practice of opium-eating is rather looked upon as an excess, as gin is with us. There are houses in Turkey where opium-eaters resort, of which there is a description in 'Anastasius.' I asked Mr. THOMAS HOPE, the author, whether he had written this from his imagination or not, and he said he had merely gone to one of them, and written down what he there saw. A gentleman, who was present, here remarked, that the practice of taking opium was especially common in Lincolnshire.

"Well, Gentlemen, to return to the old man who came in with fractured leg (the same on whom I began to make the observations on opium eating):—We now find that there are appearances of pus and blood in his stools. He has had no pain in the abdomen or bowels, nor any other symptoms beyond the blood and pus in his excrements; the discharge has come on suddenly, and is indicative of abscess. Inflammation and abscess will sometimes occur between the convulsions of the bowels, and the discharge will have the common stercoraceous fetor, without, however, any opening existing in the bowels. It would appear, therefore, that this fetor must transude as it were through the coats of the bowel. I have generally found such abscesses to be dependent upon diseased spine. I have met with one case of abscess of the omentum in a case of hernia. Here we must leave our remarks for the present."

FRACTURE INTO THE ELBOW-JOINT.—"This man, Gentlemen, has got a fracture of the shaft of the humerus, extending into the elbow-joint, and there will be a slight ridge of bone, which, although it may only extend into the joint the one-twentieth part of an inch, may yet be sufficient to impede its motions, just, in fact, as any thing similar would act in the hinge of a door. This, it is true, will be absorbed in time, and the motion of the joint be quite restored."

WESTMINSTER MEDICAL SOCIETY.—The first meeting of this Society for the 26th Session, took place at the Hunterian Museum, Great Windmill Street, on Saturday last, Mr. Gilbert Burnett in the chair, when the following subjects were proposed for discussion during the session:—1. On Atmospheric Vicissitudes, and their Influence on the Body in Health and Disease, Dr. Epps; 2. On the Treatment of Cataract, Mr. King; 3. On the Baths of Pfeffers, in the Grison Country; their peculiar locality and medicinal agency, Dr. Johnson; 4. On Headachs, Dr. Webster; 5. On Auscultation, Dr. Addison; 6. On Ulcers, Mr. Malyn; 7. On Morbid Ossification, Mr. Thurnam; 8. On Neuralgia of the Foot, cured by the division of the Sciatic Nerve, Dr. Negri; 9. On the different Methods of employing Mercury in the Cure of Syphilis, Mr. Hunt; 10. On Atonic Congestion of the Brain, Mr. Wade; 11. On various forms of Hysteria, Mr. Edwards: 12. On Neuralgic Pains, and their Treatment, Dr. Copland; 13. On Retention of Urine from Disease of the Prostate Gland, Mr. Pettigrew; 14. On the Influence of the Mind upon the Diseases of the Body, Mr. Smith; 15. On the Effects of Strychnine, Dr. Ryan; 16. On Homœopathic Medicine, Dr. Granville.

* The dismissal of Hill, who was the means of the detection of this murder, from the New King's College Medical School, has not been satisfactorily explained to this day.

THE CASES OF STONE in which lithotripsy and lithotomy were performed, reported in the last LANCET, page 122, as being communicated by Wm. Teatpeason, Esq., should have been announced as from the pen of Wm. Jeaffreson, Esq., Framlingham. We regret that the misprint of the name occurred; but it was not determined to print the name *Teatpeson*, until the decision of a Council of Compositors (who are the best of all arbitrators on hand-writing) had been held, at the request of the Editor, on the peculiarly-penned signature attached to the article.

CORRESPONDENTS.

Many correspondents inquire when the prize essays proposed by the medical reform association will be awarded. As the subject originated with a very liberal donation from Dr. Harrison, it is probable that that gentleman will enable us to furnish our readers with a satisfactory reply.

Mr. L. There is no person of the name of Boret holding the situation of lecturer or professor in Guy's or St. Thomas's Hospitals.

Bibliopolus complains that the Numbers of Bloxham's Encyclopædia of Surgery have not been continued; and he calls upon the author either to continue the work, or take back the numbers already purchased.

A Surgeon's Pupil.—The Pharmacopœia of St. Bartholomew's Hospital was published at page 235, Vol. II., of THE LANCET.

The reply of *Dr. Blundell* to statements recently made by a Correspondent in THE LANCET shall appear next week.